Syringe Access Programs and Law Enforcement:

Building Alliances

Facilitator’s Guide
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Introduction

- Each year, 8,000 people are infected with HIV and 15,000 people are infected with hepatitis C (HCV) through syringe and equipment sharing.

- HIV infection spreads from the injecting drug user (IDU) population to the general community.

- Drug overdose is the second-most-common cause of accidental death in the US.

These data clearly underscore the extent of drug-related harm, especially among IDUs. Minimizing that harm is a challenge, but not impossible. It is has been done successfully through harm reduction techniques. Harm reduction techniques are a set of practical strategies to reduce the negative consequences of drug use by incorporating a spectrum of methods from safer to managed syringe usage to drug abstinence.

Among the various harm reduction services are syringe access programs (SAPs) — also known as syringe exchange programs — that not only provide drug users with new syringes, they also offer a range of programs aimed at improving IDUs’ lives and, in turn, improve the communities where IDUs live. Despite the success and positive impact of SAPs, the relationship between law enforcement and the syringe access community continues to be strained, resulting in very poor outcomes for IDUs and syringe access providers. For example, IDUs who are afraid of police might not take advantage of syringe access services, and thus are more likely to use previously used needles, which can transmit diseases such as HIV and HCV.

Syringe Access Programs and Law Enforcement: Building Alliances is for providers who work with IDUs, their programs, and program clients. It is designed to build a set of competencies and skills that syringe access providers can use to improve their and their clients’ relationships with law enforcement. The training offers ways to:

- Improve interaction between law enforcement personnel, SAPs, and their clients

- Foster strategies and skills to build relationships between law enforcement personnel and the syringe access community to reduce friction, enhance awareness, and develop mutually beneficial working partnerships

- Furnish service providers and their clients with proactive strategies and skills that will enable them to preempt potential conflict with law enforcement

- Establish a solid understanding of the perspectives and roles that drive law enforcement and syringe access community actions and interactions
Harm Reduction

The training content emerges from aspects of the harm reduction ideology, which recognizes that drug users and the communities in which they live have diverse needs, and that it is vital to tailor interventions and policies serving drug users and their communities so that they may meet these specific needs.

Harm reduction methods meet drug users "where they're at," addressing the conditions of drug use along with the use itself.

There is no universal definition of or formula for implementing harm reduction. However, the following are general principles that harm reductionists follow as they implement strategies:

- Accept, for better and for worse, that licit and illicit drug use is part of our world, and choose to work to minimize its harmful effects rather than simply ignore or condemn it.
- Understand drug use as a complex, multifaceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledge that some ways of using drugs are safer than others.
- Establish quality of individual and community life and well-being—not necessarily cessation of all drug use—as the main criterion for successful interventions and policies.
- Call for the nonjudgmental, noncoercive provision of services and resources to people who use drugs, and to the communities in which they live, in order to assist them in reducing attendant harm.
- Ensure that active drug users and those with a history of drug use routinely have a voice in the creation of programs and policies designed to serve them.
- Affirm drug users as the primary agents of reducing the harm of resulting from their drug use, and seek to empower users to share information and support each other in ways that meet their conditions of use.
- Recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect people's capacity for effectively dealing with drug-related harm.
- Do not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.

SAPs are one component of harm reduction services. IDUs can greatly benefit from these programs, which can operate in storefronts, at street-based locations (both fixed and roving sites in the form of mobile vans and/or walking teams), through peer or secondary-exchange networks or in underground, unauthorized services (operating under the radar and/or illegally). Note that pharmacies are also a site for syringe access.

These programs provide a range of services that holistically address a drug user's needs. Among the offerings are syringe access and exchange (provision of sterile
syringes and other injecting equipment and collection, receipt, and disposal of used equipment), outreach services, client intake and triage, drop-in centers, group interventions, health care (medical, dental, mental), counseling and referral, case management, drug treatment, HIV and HCV support, housing services, and community-based behavioral interventions.

**Syringe Access: Positive Results**

As noted earlier, among harm reduction services are syringe access and exchange, which allow drug users to turn in used works in exchange for new, sterile ones and provide IDUs with a range of socio-medical offerings designed to improve their quality of life. These services can greatly reduce drug-related harm (not only to the user, but also to the community as a whole) as the following data* demonstrate:

- In cities across the nation, people who inject drugs have had significant impact on the reduction of HIV transmission and the course of the AIDS epidemic by using sterile syringes and putting harm reduction practices into action. Syringe exchange reduces HIV and HCV transmission without increasing drug use.
- SAPs often provide IDUs with immediate access to drug treatment, medical care, and mental health services.
- There is no increase in crime as a result of syringe access (when an SAP is established in a community, it does not bring with it the criminal element often perceived to be associated with injecting drug use).
- There are fewer syringes inappropriately discarded: A reduction in needles stick injuries (NSIs) among law enforcement personnel has been demonstrated in some communities following the introduction of syringe access services.
- Syringe access does not lead to increased drug use in the community.
- Syringe access does not does not lead to an increased number of new injectors.

* These data were accumulated through several research studies of SAPs in the US.

**Law Enforcement**

While syringe access legalities are only one of the challenges SAPs face when interacting with law enforcement, it is important to know what the legal issues are. There are laws that protect SAPs and their clients and outline what actions law enforcement professionals may take when dealing with syringe possession. SAPs and their clients must learn what laws exist in their jurisdictions and should know the answers to the following questions:

- Is it legal to distribute syringes and other drug paraphernalia? Are SAPs legal in their state, county, city?
- Is possession of sterile/new syringes legal? If so, from what programs, pharmacies, or other venues may they be legally obtained?
- Is it legal to carry used syringes with residue? If so, is there a requirement that a person carrying a syringe with residue be an SAP participant?
Is there a limit to the number of syringes — obtained legally through a specified program, pharmacy, or other venue — that can be carried?

Can an arrest be made when the only charge is criminal possession of a hypodermic instrument?

Is it legal to carry other drug paraphernalia (cookers, pipes, etc.)?

Are there restrictions on where someone can carry syringes (i.e., is it legal in your county, but not in the rest of the state)?

Despite the success of SAPs and the laws that protect them and their clients, law enforcement professionals and members of the syringe access community are often at odds. Conflict tends to emerge from long-held preconceptions, as well as from a lack of awareness of what might trigger reactions. Police may not understand syringe access possession laws, or a syringe access provider may not grasp what police typically have to do when encountering someone with syringes. These knowledge gaps serve to polarize the two groups.

Law enforcement professionals have legitimate concerns about IDUs. For example, police note that they spend 50% to 90% of their time dealing with substance abuse-related crimes and disturbances. And at least 30% of police officers have had at least one NSI, an event that is frightening and potentially harmful. Police officers are often unclear about how HIV and HCV is transmitted, which may heighten their fear when engaging with IDUs who might be carrying syringes.

Unfortunately, poor relationships between law enforcement and the syringe access community invariably lead to poor health and social outcomes for drug users and the community at large.

Training Content

Achievement-Based Objectives

The achievement-based objectives (ABOs) describe what participants will do during the workshop to engage with each content element, as well as the level of cognitive, affective, and/or psychomotor learning at which they will engage. These ABOs provide a basis for evaluating the learning that takes place in the session.

During the workshop, participants work individually, in pairs, in small groups, and as a large group to complete participatory learning tasks. In each learning task, the participants generate a product (such as a presentation, a chart, a list, or a graphic) that demonstrates what they have learned. These products will provide the data for determining how well they have met each ABO.

During the training, participants reflect on and synthesize their personal and collective learning and explain what they expect to transfer to their work situations; suggest challenges they might encounter in applying the new concepts, principles, and skills; and say what supports they will require for effective implementation of their learning.
At the end of this workshop, participants will have:

- Illustrated typical challenges syringe access communities and law enforcement personnel encounter in their interactions with each other.
- Explored the perspectives of law enforcement and the injecting drug user (IDU) community that drive conflicted or confrontational interactions with one another.
- Differentiated among the various local laws regulating syringe access services.
- Used data supporting the value of syringe access programs.
- Identified best practices that improve interactions between law enforcement and the syringe access community.
- Discovered existing strategies and formulated new ones for improving and/or building a working relationship between law enforcement and the syringe access community.

Tasks

The training consists of eight tasks. Each task builds on the content participants have learned in the earlier ones, thus enabling application and reinforcement of new knowledge and skills as outlined in the ABOs. Note that the training schedule is dependent on how the facilitator structures the session. Typically, with time scheduled for a one-hour lunch and two 15-minute breaks, the training runs for 7.5 hours.

Task 1: Introduction and Warm-up
Participants share law enforcement experiences related to syringe access. This grounds participants in the training content and builds a foundation from which the group will generate new skills and knowledge to help them successfully address similar experiences in the future.

Task 2: Workshop Overview
This section lays the foundation for the course and, through the ABOs, details what participants will learn.

Task 3: Perspectives
Participants examine the perspectives that drive drug users’ and law enforcement professionals’ interactions with each other. The goal is to demonstrate how preconceptions are riddled with misunderstanding and become obstacles to effective partnerships between the syringe access community and law enforcement.

Task 4: Know the Facts
Debunking myths about syringe access is critical to establishing effective partnerships between law enforcement and IDUs. In this task, participants test what they know about
syringe access in order to get the facts straight so that they are armed with the data they need to inform law enforcement perspectives.

**Task 5: Making the Case**
Armed with professional and personal stories, an understanding of law enforcement’s perspectives on IDUs, and relevant syringe access data, the group participates in a mock debate between police officers and syringe access community members. The goal is to convince the officers that SAPs are good not only for drug users, but for the communities in which they live.

**Task 6: Working Models**
Participants watch two video clips to identify successful strategies for establishing working relationships between the syringe access community and law enforcement.

**Task 7: Putting It to Work**
Applying all that they have learned during the seminar and experienced during their real life experience with syringe access, participants challenge themselves to find solutions to common problems between the syringe access community and law enforcement. They then explore what their current programs are doing or will do to improve their and their clients’ relationships with law enforcement. Participants will also discuss how to monitor and evaluate changes in SAP relationships with law enforcement.

**Task 8: Closing**
Here participants build on the concepts and skills they have learned and consider next steps at their programs. What will they put in place to improve relations with law enforcement? How will they educate their clients regarding interaction with police officers? This is also an opportunity for participants to further share and expand on successful programs.

**PowerPoint Presentation**
There are three different PowerPoint slide shows facilitators can use. The facilitator should choose the one that best meets his or her facilitation style and technology capabilities. Because there are three versions of the same basic material, the curriculum does not refer to particular slides during the training. However, there is a note on each slide indicating which task it is associated with. Note that the facilitator can conduct the training without a PowerPoint presentation, as the content and delivery do not rely on it.

In two of the presentations, video clips are embedded in the slides. Make sure you can access and run the clips on your computer. If not, the videos will need to be accessed directly from the URLs, cited in the session sketch at the start of the training curriculum.
Evaluation

Training evaluation is optional and depends on program protocol. One option is to use the debate (Task 5) as a way to assess participants’ application of knowledge and skills learned during the session.

Critical Elements

Working Agreements and Feedback

This training can generate emotional discussion, as well as trigger stereotyping, strong opinions, and negative attitudes toward law enforcement. While the facilitator should support such feelings and welcome participant comments, thoughtful moderation is required.

When creating working agreements, either built into the training or developed with participants, it is important to encourage participants to be respectful of their peers’ points of view, maintain confidentiality (participants tend to tell very personal stories that should “stay in the room”), and remain nonconfrontational even if they disagree with someone’s perspective.

Certain tasks touch on participants’ personal feelings. It is important to make sure participants feel safe when sharing these feelings, as well as to remind the group to be respectful of their peers’ contributions. At the same time, the facilitator should ensure that the feelings expressed are relevant to the topic at hand and must be able to weave those personal expressions into the training content and concepts.

The facilitator should focus participant feedback when it becomes heated or fall veers away from the main topic; invite the group to take a breather when discussion becomes too convoluted; and remind participants that their goal is to work together to find strategies to improve the state of SAPs, their clients’ lives, and the communities in which they work and reside.

Recommended Strategies

Participants should understand that the suggested strategies, while tried and true, may not address their day-to-day concerns or challenges. Participants will eventually modify and build on the strategies so they work in their particular programs. As noted, several of the tasks draw on what participants have done or currently do in their programs to partner with law enforcement and effectively educate their clients.

Legalities

Knowing the law is important for clients encountering police officers who do not know IDUs’ syringe possession rights. It is empowering for IDUs and the programs that serve them to be able to articulate to law enforcement and others (lawyers, community
members, legislators, funders, etc.) the legalities governing syringes and other drug paraphernalia in their jurisdictions.

As noted earlier, facilitators should refer to syringe access data, laws, and services relevant to their specific locations. In some instances, the curriculum gives New York City and State information as examples of jurisdictional mandates on syringe access. Of course, mastering the legalities is only one step in the process of improving relationships with law enforcement. The training has relevance regardless of local syringe possession laws. The ultimate goal is to nurture positive relationships between syringe access programs and law enforcement. There are solid examples of such positive relationships where syringe access is actually illegal.

**Negotiating Stereotypes**

Participants will inevitably raise issues that the training does not address. One critical topic is how law enforcement officers respond to race, ethnicity, gender, etc., in addition to syringe possession. Training participants have noted that these elements influence the way police view and treat syringe access clients. This is a valid point of discussion, but one that facilitators might choose not to pursue. One solution is to ask participants how they have negotiated these situations. Distributing an article or other related resource would be helpful.

Additionally, stereotypes or judgments are likely to emerge from participants who are otherwise well intentioned. For example, participants have pointed to the way drug users dress, implying that a certain style of clothing suggests that people are likely drug users. These views may be valid but are not necessarily relevant to the training. Facilitators should acknowledge such contributions with a reminder that they are good discussion points for a break or after the training, but are not directly connected to the course content.

**IDU Spectrum**

Training participants should consider the range of IDU populations — people of color, youths, lesbians/gays/bisexuals/transgenders/queers (LGBTQ), men who have sex with men (MSM), sex workers, etc. — and how law enforcement engages with each group. This engagement has additional implications for IDUs’ and law enforcement’s perspectives on and interactions with each other.

Likewise, facilitators may be leading the training for providers who work specifically with one type of IDU population. In such cases, facilitators need to identify the particular issues these groups face in order to best address their concerns and questions, as well as to devise appropriate strategies for engaging with law enforcement.
Training Approach

Syringe Access Programs and Law Enforcement: Building Alliances is based on a teaching and learning approach that is used within a safe and respectful environment where learners and teachers can be challenged, critically question material, and practice newly acquired concepts, principles, and skills.

Incorporated into the course are principles that promote changes in participants’ behavior, attitude, and knowledge. The depth of these changes is determined by the level at which participants apply them to their professional and/or personal lives.

Adult Education Principles

The training incorporates learning principles shown to help adults learn best. The training draws on participants’ life and work experience, as well as their knowledge base and understanding to date of syringe access and law enforcement. Most important in this training is the notion of immediacy — adult learners want to be able to use what they learn right away. Thus the training content is not only relevant, it is also doable. The adult learning principles used in the program are:

Immediacy. Adults will commit to learning when the goals and objectives are considered realistic and important to them and have “real world” use.

Safety and Challenge. Adults will resist learning activities they believe are an attack on their competence. Thus professional development events need to create a safe environment for practice. Learning tasks need to be sequenced appropriately and be complex enough (real enough) to challenge them.

Relevance. Adult learners need to see that what they are learning is relevant to their day-to-day activities. Adult learners bring with them a wide range of experiences, knowledge, self-direction, interests, and competencies; the most effective teaching takes advantage of participants’ strengths.

Application. Adult learners need direct, concrete experiences to which to apply their learning. The more closely the tasks mirror learners’ real lives and work environment, the greater their opportunity for determining how the new content can be useful to them.

Respect. It is important to affirm participants’ contributions and together establish group norms that encourage mutual respect and support.

Feedback. Adults need to receive feedback on how they are doing and on the results of their efforts. Leveraging both peer and instructor feedback increases immediacy.
Transfer. Transfer of learning for adults is not automatic and should be facilitated by creating and sequencing meaningful work that is as close as possible to what will be done when participants leave the learning event.¹

Learning Tasks

The tasks incorporate adult learning principles and styles. They have emerged from participants’ needs and interests. They motivate learners and prepare them to learn (and enable them to practice and apply this learning) and to retain and transfer what they have learned. Task design is based on the knowledge, skills, behaviors, and attitudes to be influenced during the training.

Participant learning is at the core of any task. This means that the learning is best approached through a defined structure (scaffolding, or building knowledge and skills to the point of practice and application, and sequencing, or moving from a place of participant knowledge to application).

Task instructions support the facilitator (and, by default, the participant) by stipulating or suggesting what to say and do to ensure that the facilitator:

- Is comfortable with the training content and working with participants
- Can pose effective questions to move participants’ learning forward
- Can use effective instructional techniques to engage and move participants’ learning forward
- Gives clear directions
- Effectively negotiates and closes out a topic or segment discussion
- Is able to recognize and manage power dynamics among a group of learners who are participants and facilitators (power dynamics = the ability to share power: to know when to consult and who has the decision-making call in what areas, and to be able to give away the decision-making power when it serves the learning).
- Adeptly weaves and synthesizes ideas, themes, concepts, observations, etc.

The curriculum also provides the facilitator with training tips and options. Tips offer guidance on the delivery of certain tasks and task steps and suggestions for optimizing training elements. Options include alternative approaches to certain exercises to accommodate different participant groups, time constraints, and other situations.

Presentation

Delivery

The training approach, as noted earlier, allows for the acquisition and practice of knowledge and skills. However, facilitators should modify and administer the tasks in ways they see fit, especially to address the learning needs, styles, and desires of different participant groups.

It is important to be very familiar with the training, from tasks to requisite background, and to carefully read all of the materials and view the audio-visuals. It is a good idea to take notes that will support implementation and facilitation.

If time permits, the facilitator might do a trial run of the training to see how long it takes and how the tasks play out, perhaps presenting the training session to co-workers or conducting an informal pilot with a small group of participants.

Facilitation Tips

Ideally, at least two facilitators should present the training. It is best to have experienced trainers with adult education knowledge and relatively solid skills in interactive, participatory education techniques. It is also imperative that the facilitators have a solid understanding of harm reduction and the syringe access laws relevant to their state, city, and/or geographic region.

Facilitators should be comfortable facilitating open and free-flowing dialogue and be able to model honest, open communication. They should be active listeners, good at managing participant–facilitator interactions and contributions, be able to readily adapt and modify content, and demonstrate confidence and enthusiasm. They should be mindful of facial expressions, varied voice tones, and movement (even humor) that can keep activities engaging, dynamic, and fun.

Note that facilitators bring different professional experiences and a variety of strengths and perspectives to the training. Given this, facilitators should practice delivering the training together to decide how to assign tasks.

Additional Facilitation Skills

Facilitators should consider the following additional factors as they conduct the training:

- When two facilitators conduct the training, it is often effective for one to facilitate discussion while the other records key points on newsprint, if, for example, a task calls for documenting participant ideas, viewpoints, etc.

- Some tasks might require modeling to facilitate participant understanding and application of presented knowledge and skills.
When possible, facilitators should draw out quieter participants so that everyone speaks during a group discussion. However, they should never force anyone to share if discomfort is evident. Such reticent individuals may be more inclined to share with their peers during group exercises. Participants should always be made to feel safe. Facilitators should note that people are listening and absorbing and will take something away, even if they do not contribute to the session. People should not be pushed into participating, as they are doubtless doing so in quieter ways.

It is important that participants who contribute more readily do not dominate discussions. A facilitator should gently finesse these situations without impolitely cutting someone off. One way to achieve equitable discussion is to stipulate the type of preferred engagement when establishing working agreements. The facilitator should also be skilled at focusing and timing participant discussions.

During group discussions, it is not necessary to hear from everyone. Time constraints make that unlikely, and, usually, key points and concepts will emerge from a few participants. It is important for the facilitator to monitor the discussion and close it when it is time to move on, ensuring that the training moves at an acceptable pace.

Participants sometimes ask questions that facilitators cannot answer. Facilitators should acknowledge not knowing the answer, but then offer to research it and have the answer either for the next session or at the end of the entire workshop.

Facilitators must be mindful of and prepared to adapt to participant literacy levels and language differences. For example, a group may consist of non-native English speakers. Facilitators or volunteers might read instructions, case studies, etc., aloud while participants follow along silently. If necessary, group members who speak English fluently can translate for others who do not. Try to make sure that everyone has the opportunity to participate equally.

Noteworthy Instructional Methods

Adults have different learning styles. An effective training session addresses those styles through a variety of stimulating tasks, such as those enumerated in *Syringe Access Programs and Law Enforcement: Building Alliances* training curriculum.

Interactive Presentations

This training uses interactive presentations in lieu of lectures in order to draw on participant knowledge and experience. Lecturelettes exist, but these are typically woven into dialogue with participants and serve primarily to validate group contributions and provide important details and explanations of select content.
The facilitator encourages participants to say what they already know about the subject, share stories, explain what their experiences have shown them about the topic at hand, and ask questions that build their understanding and frame the topic’s relevance to their professional work. The facilitator must keep discussions on point, making sure to always bring them back to the main concept.

The facilitator does not preach, does not just deliver content; he or she guides ideas and conversation, weaving and supplementing information and establishing a collaborative interaction with participants.

**Small Groups**

Small-group work is an integral element of the training. This method keeps participants engaged in learning; builds collaboration, community, cooperation, and teamwork among participants; and invites close communal discussion and examination of ideas and topics, inviting participants to benefit from the different personalities and strengths of their peers. Whenever possible, people should be partnered thoughtfully — for example, a participant whose first language is not English should be partnered with others who can offer support in framing and expressing thoughts.

Generally, the facilitator divides participants into groups of three to six, depending on the total number of people. Since there are several opportunities for group work during the training, it is good for participants to move from group to group during the session. The facilitator should make sure that directives are clear and assign tasks and roles, such as that of group recorder. He or she should rotate among small groups, assisting, where necessary, helping the group refocus, stimulate discussion, etc.

**Questions for Deepening Dialogue**

Facilitators can help participants delve deeply into a discussion by posing questions that effectively draw out ideas. It is a good idea to ask questions that elicit additional details, clarifications, further explanation, etc. Following are some different types of questions.

**Closed-ended questions.** These require a yes or no or short-phrase answer. They are useful for checking facts and easy to answer, but do not allow for meaningful discussion.

- Do you like to dance?
- How many pieces do you want?
- What color is the curtain?

**Open-ended questions.** These are useful for encouraging others to talk and think. They often begin with how, what, why, when, who, tell me about, give me examples of, describe, if you were, etc. Among the types of open-ended questions are:
**Probing.** These ask for more detail on a specific topic; they also probe assumptions, rationale, reasons, evidence, implications, and consequences.

- Why do you think this is the case?
- What would you have to change in order for...?
- What sort of impact do you think . . . ?
- How was . . . different from . . . ?
- What’s another way you might . . . ?
- What evidence is there to support . . . ?
- Can you give me an example of that?

**Hypothetical.** These explore possibilities or suppose a future theoretical situation or option. They get others to think of new situations or decide among a number of problem-solving choices.

- What if . . . ?
- What’s the worst that might happen?
- What are the potential benefits?

**Reflective.** These give participants an opportunity to reflect on their knowledge, skills, experiences, attitudes, beliefs, values, and even feelings, where appropriate. Three types of reflective questions are:

- **Clarifying.** Clarify events, actions, feelings, thoughts, or beliefs.
  - How would you describe . . . ?
  - What happened when you . . . ?

- **Purpose and consequence.** Consider intended and unintended outcomes of a situation.
  - What were you hoping to accomplish?
  - What kinds of outcomes did you anticipate?
  - What reason did you have for . . . ?

- **Linking.** Bring together personal and professional variables, and link together two or more previously stated ideas.
  - How has this experience confirmed or influenced your point of view?
  - You said earlier that (you also mentioned) . . . What is the relationship between these two points?).

A facilitator should wait for responses, giving participants time to absorb and reflect on the question. (Facilitators tend to experience time differently from participants; they often do not realize that they have not given people enough time to think.) They should not repeat the question unless responses are not forthcoming after a reasonable amount of "thinking" time. If a question needs repeating, it should be rephrased so that it is more understandable.
A facilitator must carefully listen to answers so that there is a clear understanding of what participants mean to say. He or she should paraphrase the information that participants offer and probe their contributions by saying things like “It sounds as if you are saying . . .” or ”It seems that you mean . . .”

**Synthesizing**

Synthesizing is tying concepts together to reinforce learning, recognize a contribution, keep the session on pace, maintain the flow across topics, and sustain learner voices. Examples:

- Thanking (affirming) someone for stating an observation that moves the group to the next task.
- Referring back to what someone said earlier, linking it with a new comment or question.
- Asking clarifying questions.
- Tying together in a summary statement what has been said.
- Moving from the summary into the future: “Now that you have brought up the issue of SAPs, we will jump into building alliances with law enforcement.”

**Preparation and Supplies**

As noted earlier, it is important to review all materials before conducting the training. The following is a list of basic preparations (session-specific prep details are outlined in the workshop section of the facilitator guide):

- Included in this Facilitator’s Guide (FG) are the Participant’s Guide (PG) and the Training Curriculum. The PG contains task instructions and exercises that are also in the Training Curriculum, where they are shaded. Also in the PG are data that participants will use to create debate arguments; these data are not in the FG, so it is important to have the FG on hand during the training.

- Set up the workshop space to allow for interactive sessions, keeping in mind potential space constraints and the number of participants.

- Customize the learning atmosphere where possible. For example, post quotes around the classroom, play mellow music, put cloths on the table for effect, etc.

- Test-run the PowerPoint presentation to trouble-shoot potential technical glitches during the presentation.

- If using newsprint charts, prepare them beforehand. If applicable, post on the wall all flip chart sheets and other visuals to be used throughout the sessions. Write large and clearly. Use different colors (but avoid things like yellow and fluorescent colors that are difficult to read and can be hard on the eyes) for
different concepts to delineate and highlight specific points. Hide items (such as fold charts to cover content) until relevant sessions.

- The training provides two video clips embedded in the slide show and one optional podcast. It is important to give these a test run before the training to troubleshoot potential technological challenges or glitches. These presentations will require computers with working audio systems.

Basic supplies for the training are: a computer, an LCD projector, adhesive-backed newsprint pads (with an easel, if desired), colored markers for facilitators and participants, masking tape, or adhesive putty, and pens or pencils for participants. (Session-specific materials are outlined in the session sketch section of the curriculum.)
Appendix

I) Participant’s Guide
II) Training Curriculum
III) Know the Facts Quiz and Answer Sheet
IV) Sample Incident Report Form
V) Additional Debate Data
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Appendix I: Participant’s Guide
Syringe Access Programs and Law Enforcement: Building Alliances

Participant’s Guide
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Building Alliances

About the Course
The course will help syringe access program (SAP) providers develop the skills and knowledge necessary to help them improve their and client relationships with law enforcement.

Discussion Topics
The Building Alliances workshop will include information on:

- Perspectives that drive the ways law enforcement and SAPs interact.
- Syringe access laws and data.
- Strategies and skills that lead to improved relationships between law enforcement and SAPs.
- Strategies to help SAP clients preempt conflict with law enforcement.

“Syringe exchange programs play a unique role in facilitating engagement of injecting drug users [IDUs] in meaningful prevention interventions and treatment opportunities when implemented as part of a comprehensive HIV prevention and substance abuse strategy.”

U.S. Department of Health and Human Services
**Introduction and Warm-up**

### About the Task
This task will help you understand more about SAPs’ and individuals’ experiences with law enforcement.

### What You Will Learn
After completing this task, you will be able to illustrate the typical challenges SAPs and law enforcement encounter when they interact with each other.

<table>
<thead>
<tr>
<th>Inner-Outer Circle Storytelling Instructions</th>
<th>Share an example of an experience with law enforcement through a personal or program story.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Personal:</strong> A personal story about an encounter with law enforcement, preferably about syringe access, or a story about someone you know who had an encounter with law enforcement.</td>
</tr>
<tr>
<td></td>
<td><strong>Program:</strong> A story that talks about SAP relationships with law enforcement — for example, police entering a facility looking for a client, an effective program/law enforcement project, a client story about an incident with a police officer, etc.</td>
</tr>
</tbody>
</table>

### Which personal or program story stands out for you?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
# Workshop Overview

## About the Task
This task provides an overview of Building Alliances.

## What You Will Learn
After completing this task, you will be able to maintain active participation in and contribute to the workshop exercises.

## Achievement-Based Objectives
By the end of this workshop, you will have:

- Illustrated typical challenges syringe access communities and law enforcement personnel encounter in their interactions with each other.
- Explored the perspectives of law enforcement and the injecting drug user (IDU) community that drive conflicted or confrontational interactions with one another.
- Differentiated among the various local laws regulating syringe access services.
- Used data supporting the value of syringe access programs.
- Identified best practices that improve interactions between law enforcement and the syringe access community.
- Discovered existing strategies and formulated new ones for improving and/or building a working relationship between law enforcement and the syringe access community.
# Perspectives

## About the Task
This task examines the perspectives that shape the interaction between IDUs and law enforcement.

## What You Will Learn
After completing this task, you will recognize the way perceptions can shape relationships among SAPs, IDUs, and law enforcement, and how these perceptions can create barriers to collaborative and effective partnerships.

## World Café Instructions
Select one person from your group to be the café owner. This person keeps the conversation going among the “café guests.”

Respond to the following questions in keeping with the roles you have taken on. One group member writes the responses on newsprint.

### The IDUs discuss what they think of the police:
- What do IDUs think of the police?
- What are their personal concerns about the police?

### The police discuss what they think of IDUs:
- What do police think of IDUs?
- What are their professional and personal concerns about IDUs?
- What is the role of police when it comes to IDUs?

You have 10 minutes for this exercise.
## Perspectives

<table>
<thead>
<tr>
<th>World Café Instructions</th>
<th>Switch groups: Those who were at the IDU table move to the police table, and those who were at the police table move to the IDU table.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The café owner remains at the table. He or she shares the first group’s thoughts with the new group, so the police café leader summarizes the police’s thoughts about IDUs, and the IDU café leader summarizes the IDUs’ thoughts about the police.</td>
</tr>
<tr>
<td></td>
<td>In your new roles, respond to the following questions:</td>
</tr>
<tr>
<td></td>
<td><strong>Police perspectives:</strong></td>
</tr>
<tr>
<td></td>
<td>• How do police perspectives on IDUs affect how they behave when dealing with IDUs?</td>
</tr>
<tr>
<td></td>
<td>The café owner may prompt discussion with any example, such as police officers arresting IDUs to “get them off the streets.”</td>
</tr>
<tr>
<td></td>
<td><strong>IDUs’ perspectives:</strong></td>
</tr>
<tr>
<td></td>
<td>• How do IDUs’ perspectives on police affect how they behave when dealing with the police?</td>
</tr>
<tr>
<td></td>
<td>• The café owner may prompt discussion with any example, such as IDUs discarding syringes in public places so police don’t harass them.</td>
</tr>
<tr>
<td></td>
<td><strong>You have 10 minutes for this exercise.</strong></td>
</tr>
</tbody>
</table>
## Perspectives

<table>
<thead>
<tr>
<th>World Café Instructions:</th>
<th>Discuss your thoughts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part III</td>
<td></td>
</tr>
</tbody>
</table>

- How do these different perspectives influence SAPs’ relationships with the police?
- How do these perspectives make IDUs behave? Law enforcement? SAPs?

### Fear of the Law

When IDUs are afraid of the police, they:

- Tend to share needles 1.5 times more often.
- Tend to inject in a hurry, resulting in unhygienic injecting, damaged veins, failing to test the strength of the drug to avoid overdose, etc.
- Discard syringes unsafely
- Tend not to carry enough injecting equipment to meet their injecting needs.

### Other Challenges

This fear:

- Reduces the number of IDUs using SAPs.
- Displaces IDUs, making them difficult to reach.
- Renders IDUs less likely to take advantage of other services available through SAPs.
- Makes IDUs less likely to report overdoses.

What else happens when IDUs are afraid of law enforcement?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
# Know the Facts

<table>
<thead>
<tr>
<th>About the Task</th>
<th>This task tests your knowledge about syringe access facts, figures, and laws.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What You Will Learn</td>
<td>After completing this task, you will have important syringe access information that can help you shape programs and accurately explain to clients what their syringe possession rights are.</td>
</tr>
<tr>
<td>Know the Facts Quiz Instructions</td>
<td>Work with your group partners to find the answers to the Know the Facts Quiz on the following page. Write the correct answers in the Answer column.</td>
</tr>
</tbody>
</table>

---

**Do you know the facts?**
## Know the Facts

<table>
<thead>
<tr>
<th>Know the Facts Quiz</th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>True or False?</strong> SAPs lead to increased community crime rates and drug use.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>How many people in the US are <em>newly</em> infected each year with HIV and HCV owing to syringe and equipment sharing?</td>
<td></td>
</tr>
</tbody>
</table>
|                     | **A.** 10,000 HIV & 5,000 HCV  
**B.** 8,000 HIV & 15,000 HCV  
**C.** 1,000 HIV & 3,000 HCV  
**D.** 4,000 HIV & 9,000 HCV |        |
| 3                   | **True or False?** Possession of sterile syringes is legal.               |        |
| 4                   | **True or False?** Possession of used syringes with residue is legal.    |        |
| 5                   | The number of syringes that someone may legally carry at any time is:    |        |
|                     | **A.** 0  
**B.** 10  
**C.** 100  
**D.** No limit |        |
| 6                   | **True or False?** It is legal to carry injecting drug equipment and other drug paraphernalia. |        |
| 7                   | **True or False?** Anyone over the age of 18 can purchase syringes at a pharmacy without a prescription. |        |
| 8                   | **True or False?** There is a difference in the legalities of drug paraphernalia/syringe possession between your City, County and State. |        |
| 9                   | **True or False?** SAPs lead to an increase in the number of syringes discarded in public places. |        |
| 10                  | What percent of police officers have had a needle-stick injury?           |        |
|                     | **A.** 80%  
**B.** 10%  
**C.** 30%  
**D.** 60% |        |
| 11                  | **True or False?** There is a mechanism in place for SAPs and their clients to report negative interactions with law enforcement. |        |
# Making the Case

**About the Task**

In this task, you will use your professional and personal stories, your knowledge of law enforcement’s perspectives on IDUs, and your knowledge of syringe access laws and data to convince local police that a community SAP would be worthwhile.

**What You Will Learn**

After completing this task, you will be able to make a succinct, fact-supported case for community SAPs to a variety of audiences.

<table>
<thead>
<tr>
<th>Syringe Access Team Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose three people to present arguments to the “police.” The rest of the team develops arguments for syringe access. Pull from what you already know about law enforcement and SAP/IDU perspectives, facts, and data, and from your actual work experience. Consider what a law enforcement officer might think or say about syringe access. Be strategic in trying to develop a relationship. <strong>REMEMBER:</strong> When working with law enforcement, you should “meet them where they’re at” to get their support for syringe access programs that improve client outcomes. So think about:</td>
</tr>
<tr>
<td>• What concerns you expect police to have and what you might tell them to ease those concerns (refer to Examples of Police Arguments, pages 12-13)</td>
</tr>
<tr>
<td>• What facts and figures you may need to support your case and “enlighten” police (see Facts and Data, as it pages 14-21)</td>
</tr>
<tr>
<td>• How best to deliver information and prevent conflict with law enforcement</td>
</tr>
<tr>
<td>• What the best approach is for the best outcome</td>
</tr>
</tbody>
</table>
## Making the Case

<table>
<thead>
<tr>
<th>Law Enforcement Team Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare a list of concerns, which you will present with the support of your “deputies.” There will be three different types of law enforcement representatives:</td>
</tr>
<tr>
<td>• A new police officer set on doing a good job and meeting his or her quota by following the law.</td>
</tr>
<tr>
<td>• A veteran police officer who has frequently encountered IDUs throughout his career and does not have a good opinion of them.</td>
</tr>
<tr>
<td>• A high-level law enforcement official who wants to improve relationships with SAPs and IDUs and is open to ideas and partnerships. This officer will advocate for partnership during the debate.</td>
</tr>
</tbody>
</table>

---

**Work toward a solution!**

**Yes, with debate comes some disagreement.**

**But your goal is to come up with positive, practical ways for SAPs, IDUs, and law enforcement to work together.**
## Making the Case

### Examples of Police Arguments

| **New Police Officer** | If I catch someone with syringes, I’m going to lock him or her up, because if you have to be using a syringe you’re probably injecting something illegal. It’s a wake-up call: When I take their syringes, I’m stopping them from using. When I lock them up, I’m stopping them from using.

Every junkie I get off the streets means I’m maintaining public safety — and meeting my quota.

There will be more needles thrown out in the parks. What if a kid steps on a dirty needle?

The community won’t be safe because syringe access programs will attract other drug users, and more people will be selling drugs around schools and near playgrounds. |
|---|---|
| **Veteran Police Officer** | Cops are around to enforce the law and get drugs and drug users off the streets. We are not here to refer them to drug treatment; that’s not our job. Why should I waste my time on those kinds of people?

We see the same faces again and again. Drug treatment doesn’t work. They just go to detox to hide from their dealers or us. I’ve got more important crimes to handle than always dealing with small-time drug users.

My brother has a business and a home in this area, and the property values will go down because those people will be hanging around the syringe access program. There’s already a methadone program, and there’s people hanging out, nodding out. What’s going to happen when the syringe access program starts? Nobody will come to his place of business; other businesspeople will be too scared to visit the neighborhood or to set up shop there because drug dealers are also here, threatening their livelihoods. |
### Examples of Police Arguments, continued

| **High-level Official** | We spend a lot of time and resources dealing with the same people with drug problems. Arresting small time drug users is a waste of time. Whatever we are doing isn’t stopping the drug problem. We need to look for other solutions.  
Public Safety is the number one priority for my colleagues, the general community, and even drug users.  
If we work with other community programs perhaps we can in the long term reduce drug problems in our community. |
|---|---|
| **General Concern about Colleagues** | More needles in my neighborhood mean more needle-stick injuries to my fellow cops. When a cop is stuck with a needle, he or she can get a disease and possibly give it to his or her family. They have to take time off, go on meds. It’s not good for morale.  
Drug users spread disease; just by touching them, a cop could get something.  
Someone I knew in school died of HIV from injecting drugs, so you really want people to get help. But syringe access programs just encourage drug use. These drug users, they need to get off drugs completely. More syringes are not the answer. They should just be sent to drug treatment (and not methadone!). |

### Making the Case

"Why would the U.S. Conference of Mayors support the needle exchange program if it thought it would increase crime, as our colleagues have contended?"

*Nancy Pelosi (D-CA)*
Facts and Data

| Problem | Each year, 8,000 people are infected with HIV and 15,000 people are infected with hepatitis C (HCV) through syringe and equipment sharing. 

IDUs are not completely isolated from general society. Keeping HIV and HCV rates low among IDUs benefits those in the community who may not use drugs but may be exposed to disease by being the children or sex partners of an infected IDU. 

Poor relationships between law enforcement and the syringe access community lead to poor health and social outcomes for drug users and the general community. |

Drug overdose is the second-most-common cause of accidental death in the United States.
Making the Case

<table>
<thead>
<tr>
<th>Harm Reduction Principles</th>
<th>The following are principles that harm reductionists follow as they implement strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Accept, for better and for worse, that licit and illicit drug use is part of our world, and choose to work to minimize its harmful effects rather than simply ignore or condemn it.</td>
</tr>
<tr>
<td></td>
<td>• Understand drug use as a complex, multifaceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledge that some ways of using drugs are clearly safer than others.</td>
</tr>
<tr>
<td></td>
<td>• Establish quality of individual and community life and well-being — not necessarily cessation of all drug use — as the main criterion for successful interventions and policies.</td>
</tr>
<tr>
<td></td>
<td>• Call for the nonjudgmental, noncoercive provision of services and resources to people who use drugs, and to the communities in which they live, in order to assist them in reducing attendant harm.</td>
</tr>
<tr>
<td></td>
<td>• Ensure that active drug users and those with a history of drug use routinely have a voice in the creation of programs and policies designed to serve them.</td>
</tr>
<tr>
<td></td>
<td>• Affirm drug users as the primary agents of reducing the harm resulting from their drug use, and seek to empower users to share information and support each other in ways that meet their conditions of use.</td>
</tr>
<tr>
<td></td>
<td>• Recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect people’s capacity for effectively dealing with drug-related harm.</td>
</tr>
<tr>
<td></td>
<td>• Do not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use.</td>
</tr>
</tbody>
</table>
## Making the Case

| **SAP Models** | **Possible locations include:**  
| | - Storefront, fixed-site agencies  
| | - Street-based programs (roving sites through mobile vans and/or walking teams)  
| | - Peer and secondary-exchange networks  
| | - Underground, unauthorized programs (operating under the radar and/or illegally)  
| | - Pharmacies  
| **Programs include:** |  
| | - Syringe Access and Exchange  
| | - Outreach services  
| | - Client intake and triage  
| | - Drop-in centers  
| | - Group interventions  
| | - Medical, dental, and mental health services  
| | - Counseling and referral  
| | - Case management  
| | - Drug Treatment  
| | - HIV and HCV services  
| | - Housing services  
| | - Community building  

| **Syringe Access Actuality** | **Syringe access does not:**  
| | - Encourage drug use.  
| | - Increase crime rates (a SAP does not bring the criminal element believed to be linked to injecting drug use).  
| | - Increase needle-stick injuries (NSIs).  
| **Syringe access does:** |  
| | - Reduce HIV infection.  
| | - Reduce HCV infection.  
| | - Link clients to drug treatment, medical care, housing, etc.  

**Syringe Access Programs and Law Enforcement**
# Making the Case

## Efficacy and Outcomes
- SAPs are the most effective, evidence-based HIV prevention tool for people who use drugs.
- In cities across the nation, people who inject drugs have had significant impact on the reduction of HIV transmission and the course of the AIDS epidemic by using sterile syringes and putting harm reduction practices into action.
- Syringe exchange reduces HIV and HCV transmission without increasing drug use.
- Many SAPs have the capacity to provide IDUs with immediate access to drug treatment, medical care, and mental health services.
- SAPs cause fewer syringes to be inappropriately discarded.
- A reduction in needles stick injuries (NSIs) among law enforcement personnel has been demonstrated in some communities following the introduction of syringe access services.

*These data were accumulated through several research studies of SAPs in the US.*

## Police Perspectives and Issues
- Police spend 50% to 90% of their time dealing with crimes and disturbances that are related to substance use issues.
- Thirty percent of police officers have sustained at least one NSI.
- The police are frustrated with the status quo; for example, police may have to continually deal with the same individuals yet have no options for addressing drug use and the resulting criminal activities.
- Law enforcement officers often lack information about HIV and HCV transmission.
- Many law enforcement officers are unaware of changes in the laws governing syringe possession.
## Making the Case

<table>
<thead>
<tr>
<th>SAPs</th>
<th>Syringe Access Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• SAPs are anonymous and confidential.</td>
</tr>
<tr>
<td></td>
<td>• Many SAPs provide participants with coded ID cards that protect participants’ anonymity and prove they are SAP members.</td>
</tr>
<tr>
<td></td>
<td>• On the back of many SAP ID cards is a 24-hour verification phone number.</td>
</tr>
<tr>
<td></td>
<td>• Officers should not confiscate SAP ID cards at any time.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training: Share your local drug paraphernalia laws</th>
<th>Example for NYS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Possession of sterile/new syringes is legal if they were obtained through a SAP or an expanded syringe access program (ESAP) provider or pharmacy, as part of an overdose prevention kit, or prescribed.</td>
</tr>
<tr>
<td></td>
<td>• It is legal for a SAP participant to carry used syringes with residue.</td>
</tr>
<tr>
<td></td>
<td>• There is no limit on the number of syringes one may legally carry if they come from a SAP or an ESAP provider or pharmacy.</td>
</tr>
<tr>
<td></td>
<td>• There is no limit on the number of syringes one may legally carry in any geographical location in New York City or New York State; injectors may legally possess syringes in areas where there is no syringe access program.</td>
</tr>
<tr>
<td></td>
<td>• Individuals over 18 may buy up to ten syringes in a pharmacy with each transaction. Pharmacies do not provide a SAP ID card.</td>
</tr>
<tr>
<td></td>
<td>• Even without an ID card, no one carrying syringes should be arrested or have syringes confiscated unless the officer deems the syringes to be evidence for an alleged crime.</td>
</tr>
<tr>
<td></td>
<td>• An arrest should not be made when the only charge is criminal possession of a hypodermic instrument.</td>
</tr>
<tr>
<td></td>
<td>• An arrest should not be made when the only charge is residue in a used syringe.</td>
</tr>
</tbody>
</table>
Making the Case

<table>
<thead>
<tr>
<th>SAP Services</th>
<th>Collaboration: Role of SAPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To be proactive in building relationships with law enforcement, rather than connecting with law enforcement only when responding to incidents.</td>
<td></td>
</tr>
<tr>
<td>• To meet with law enforcement regularly to build and maintain relationships.</td>
<td></td>
</tr>
<tr>
<td>• To dispose of syringes found unsafely discarded in the community.</td>
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</tr>
<tr>
<td>• To provide sharps containers and puncture-proof/resistant gloves</td>
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</tr>
<tr>
<td>• To accept police referrals of drug users for medical care and drug treatment.</td>
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</tr>
<tr>
<td>• To invite law enforcement to participate in forums such as staff meetings to share their perspective and establish common ground.</td>
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</table>

Monitoring and Evaluation

• Establish monitoring processes to gather data on issues such as wrongful arrests, unlawful confiscation of syringes or program cards, increased police surveillance of programs and of interactions with clients coming to and from a program. Some of these data can be gathered from SAPs and SAP participants, IDU community surveys, the Department of Health, police statistics, and public defenders public defenders’ records.

• Document positive relationship activities between law enforcement and your SAP, such as roll call presentations, training, documentation of local police and SAPs agreement of operating (e.g. agreed upon site and operating hours; agreed protocol on police proximity to SAP site etc) and needle sweeps of public spaces at the police department’s request.
## Making the Case

<table>
<thead>
<tr>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establish agency protocol for incident response, such as reporting incidents to your health department for follow-up and support.</td>
</tr>
<tr>
<td>• Celebrate positive outcomes, such as a decrease in negative incidents and good relationships with the police.</td>
</tr>
<tr>
<td>• Support legal action that combats negative incidents with law enforcement.</td>
</tr>
<tr>
<td>• Target education to law enforcement.</td>
</tr>
</tbody>
</table>
## Making the Case

Use this chart to strategically lay out police arguments about SAPs.

<table>
<thead>
<tr>
<th>Police perspective on SAPs</th>
<th>What SAPs will say</th>
<th>Info to support police point of view</th>
</tr>
</thead>
<tbody>
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</table>
Making the Case

Use this chart to strategically lay out your SAP arguments about SAPs.

<table>
<thead>
<tr>
<th>What police might think of SAP</th>
<th>What SAPs will say</th>
<th>Info to support SAP point of view</th>
</tr>
</thead>
<tbody>
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</table>
Working Models

About the Task
This task presents video clips showing ways for law enforcement to learn more about SAPs and for SAPs and law enforcement to forge healthy and/or collaborative partnerships.

What You Will Learn
After completing this task, you will be able to recognize and/or develop ways to improve and/or build a relationship between law enforcement and the syringe access community.

Video Questions
- What are the police officers’ preconceptions and concerns about syringe access?
- What helped to change police preconceptions and increase their understanding of syringe access?
- How did the syringe access program/community approach bring about these changes?

More than 200 syringe access programs currently operate in 38 states, Washington, D.C., and Puerto Rico.
Use this chart to organize your responses to the video questions.
Putting It to Work

About the Task
In this lesson, you will put your SAP knowledge and skills to work as you tackle incidents occurring between SAPs and law enforcement. You will reflect on possible strategies your program can put in place to effectively engage law enforcement.

What You Will Learn
At the completion of this lesson, you will be able to devise ways to turn around negative encounters with law enforcement and to strengthen/create programs to partner with law enforcement.

Law Enforcement Scenarios

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Police Officers at the Program</strong></td>
<td>It’s a typically busy day at the program. Suddenly, four officers enter the building claiming to be looking for a suspect in a recent street robbery. They shout at and intimidate clients and insist on searching the premises. Two of the officers also radio for other clients’ details in order to check for any outstanding warrants, etc.</td>
</tr>
<tr>
<td><strong>2 Police Stopping SAP Staff or Peers Doing Outreach</strong></td>
<td>During an outreach walkabout, staff/peers are approached by police officers wanting to know what they are doing. The police request ID and start asking about syringes, threatening to arrest staff/peers if they do not cooperate.</td>
</tr>
<tr>
<td><strong>3 Police Presence at or near Program</strong></td>
<td>A couple of regular clients arrive at the syringe access site to complete an exchange. As they leave the program and cross the street, a police car pulls up and the officers question the clients and ask to frisk them. You have recently had several reports from staff and clients of an increased police presence patrolling around your program.</td>
</tr>
<tr>
<td><strong>4 Client Being Stopped and Searched</strong></td>
<td>A regular program client reports that she was recently arrested. She states that cops completely disregarded her syringe access membership card and picked her up because she was carrying syringes. She thought she could fight the charge, but couldn’t stand to be locked up, so she accepted a plea agreement.</td>
</tr>
</tbody>
</table>
### Putting it to Work

<table>
<thead>
<tr>
<th>Scenario Questions</th>
<th>Prevention</th>
<th>Response</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What strategies might you/the program/the client use to prevent this scenario?</td>
<td>How might you/the program/the client respond to this scenario to reach a positive outcome?</td>
<td>How will you/the program/the client know if the strategies have an impact? How can you monitor and document positive/negative events?</td>
</tr>
</tbody>
</table>

Use this chart to say how you would approach the problem presented in your group’s scenario.
Resources

**Harm Reduction Coalition: Working with Law Enforcement**
http://www.harmreduction.org/article.php?id=658

**Policing for Healthy Communities**
http://www.policingforhealth.org/

**Temple University of the Commonwealth System of Higher Education Beasley School of Law**
Provides information of legalities regarding drug paraphernalia, SAP, etc for each jurisdiction
http://www.temple.edu/lawschool/aidspolicy/
http://www.temple.edu/lawschool/phrhcs/otc.htm

**American Civil Liberties Union**
www.aclu.org/

**Drug Policy Alliance**
www.drugpolicy.org

**Know Your Rights**
http://www.flexyourrights.org/

**Law Enforcement Against Prohibition (LEAP)**
www.leap.cc

**Midnight Special**
www.middnightspecial.net

**Triangle Points North Carolina:**
**Harm Reduction Resources for Law Enforcement**
http://trianglepoints.weebly.com/---for-law-enforcement.html

**New York State Association of Chiefs of Police, Inc.**
**Podcast: Syringes, Law and Harm Reduction**
http://www.nychiefs.org/apb_podcast.php

**Risks of the Job: Protecting Law Enforcement from Needle Stick Injury Part 1**
http://www.youtube.com/watch?v=qNY45ZM4GwI
**Roll Call Training Part 1 & 2**
http://www.youtube.com/watch?v=oOifbh1woek
http://www.youtube.com/watch?v=pzrzcAeMW0
Appendix II: Training Curriculum
Syringe Access Programs and Law Enforcement:

Building Alliances

Training Curriculum
## Session Sketch

<table>
<thead>
<tr>
<th>Task</th>
<th>Time</th>
<th>Supplies</th>
<th>Advance Preparation</th>
</tr>
</thead>
</table>
| **1. Intro and Warm-up** | 25 min. | ■ Computer and LCD projector  
■ Participant guide  
■ Watch or timer  
■ Newsprint and markers | ■ Set up chairs for inner/outer circle exercise.  
■ Prepare two newsprint sheets with the following headers: Personal and Program.  
■ Set up chairs for inner/outer circle exercise.  
■ Prepare two newsprint sheets with the following headers: Personal and Program. |
| **2. Workshop Overview** | 10 min. | ■ Computer and LCD projector | |
| **3. Perspectives** | 60 min. | ■ Computer and LCD projector  
■ Newsprint and markers | ■ Organize tables and chairs to replicate a café setting (for example, place four tables with four chairs each around the room). Set up according to number of participants.  
■ Organize tables and chairs to replicate a café setting (for example, place four tables with four chairs each around the room). Set up according to number of participants. |
| **Break** | 15 min. | | |
| **4. Know the Facts** | 45 min. | ■ Computer and LCD projector  
■ Optional: Podcast: Syringes, Law and Harm Reduction  
http://www.nychiefs.org/apb_podcast.php | ■ Modify the Know the Facts Quiz and Answer Sheet to reflect relevant jurisdictional syringe access laws.  
■ Photocopy appropriate number of Know the Facts handouts (participants receive answer sheet after the task) to distribute to participants. |
| **Lunch** | 1 hr. | | |
| **5. Making the Case** | 1 hr. | ■ Computer and LCD projector  
■ List of perspectives participants generated in Task 1 | |
| **6. Working Models** | 30 min. | Computer and LCD projector  
■ Video clips (also in PowerPoint slides)  
Law Enforcement Harm Reduction Training — 1/2 & 2/2  
http://www.youtube.com/watch?v=oOlfbh1woek  
The Risks of the Job: Protecting Law Enforcement from Needle Stick Injuries  
http://vimeo.com/6599539 | ■ Check technology. Make sure that you can access videos through PowerPoint. If not, be sure to locate starting and ending points of the selected clips when viewing videos via the URL.  
■ Check technology. Make sure that you can access videos through PowerPoint. If not, be sure to locate starting and ending points of the selected clips when viewing videos via the URL. |
| **Break** | 15 min. | | |
| **7. Putting It to Work** | 60 min. | ■ Computer and LCD projector  
■ Newsprint and markers | |
| **8. Closing** | 10 min. | | |
Task 1: Intro and Warm-up  

**25 minutes**

**Task Steps**

<table>
<thead>
<tr>
<th>Instructions</th>
<th>5 minutes</th>
</tr>
</thead>
</table>

**Step 1:** Welcome participants. Introduce facilitators.

**Step 2:** Invite participants to briefly introduce themselves with name, agency, and role at work. Be sure participants keep the introductions brief. Ask if they see the training as an opportunity to network, perhaps to build professional relationships or organizational partnerships; have them share examples of networking goals.

**Step 3:** Divide participants into two groups of equal size. Instruct one group to form a circle. Instruct the second group to form a circle around the first circle. (There should be an inner and an outer circle.)

**Step 4:** Have the participants in the two circles face one another (each inner circle member faces an outer circle member). If the circles do not have an equal number of participants, add yourself to the circle that has fewer people.

**Step 5:** Direct participants to page 3 of the Participant Guide (PG). Instruct the participants to:

- Be prepared to share stories about their experiences with law enforcement.
- Review the categories on the newsprint.
Inner-Outer Circle Storytelling Instructions

<table>
<thead>
<tr>
<th>Share your experience with law enforcement through a personal or program story.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal:</strong> A personal story about an encounter with law enforcement, preferably about syringe access; or a story about someone you know who had an encounter with law enforcement.</td>
</tr>
<tr>
<td><strong>Program:</strong> A story that talks about SAP relationships with law enforcement — for example, police entering a facility looking for a client, an effective program/law enforcement project, a client story about an incident with a police officer, etc.</td>
</tr>
</tbody>
</table>

Each participant should:

- Share a personal story with his or her first circle partner.
- Share a program story with the next circle partner. (Note: Participants may repeat stories.)
- Repeat the process, starting with a personal story. (On the next go-round, participants should share a program story. They continue alternating until the circles have gone a full rotation or the task time is reached.)

### Warm-up Exercise 10 minutes

**Step 6:** Begin with the outer circle. Tell participants they will have a chance to share a quick yet succinct personal or program story related to experiences with law enforcement. Instruct them to listen carefully to these stories.

**Step 7:** Say “time” to signal the start of the exchange. Signal “time” again after one minute. Now ask the inner circle to share stories. Signal “time” after one minute.

**Step 8:** Tell participants in the inner circle to move one step to their right. Each person in both circles will now be facing a new partner. If there is time, repeat the process until the circles have gone a full rotation.
Training Tips

- The purpose of the inner/outer circle sharing is to have people get to know each other. This interaction melds the group and starts them off with positive reinforcement.

- Model steps 1–4 with a co-presenter or participant to ease the group into the task.

- While the suggested circle sharing time is one minute for each person per pair, the facilitator may extend that time.

- It is possible that a participant may not have stories to share. In that case, it is fine for one participant to comment on another’s story or share any concerns they have about interacting with law enforcement as SAP staff. Or pairs may simply talk about the issues associated with SAPs and law enforcement.

<table>
<thead>
<tr>
<th>Training Tips</th>
</tr>
</thead>
</table>

Sharing Stories 10 minutes

Step 8: Ask each participant to share a story in one of the categories that stood out for him or her. (If participants cannot retell peers’ stories, they can tell their own stories.) If possible, have the group hear one story per theme. Make sure that participants keep the stories brief. On the newsprint, write down the themes that emerge under their related categories.

Training Tips

Write down themes as they come up. Among the themes that may emerge from the stories are:

Personal/Program (Personal and program stories sometimes overlap)

- Unwarranted arrests or searches being conducted by police.
- Police targeting drug users and their relatives.
- IDUs being unable to assert their rights when interacting with law enforcement.
- Police being unaware of syringe access laws and drug users’ rights.
Program

- Successful work being done with law enforcement to find SAPs and other programs for IDUs, such as services for the homeless, and safe placement and condition of needles.
- Presenting to local law enforcement to educate them about SAPs.
- Police barging into agencies seeking “alleged criminals.”
- Police increasing surveillance/“cruising” around SAPs.
- Police stopping SAP staff who are working (distributing syringes in the street, etc.).

Step 9: Point out that the workshop will address many of the themes raised and that the group will revisit its stories later in the session.

Training Option

If the group is smaller than 12–15 members, pair participants in chairs facing each other. Or have participants remain in place to start the discussion with one partner, and then switch partners every two minutes (for example, moving from table to table). This arrangement may also work in settings where there are significant space constraints.
Task 2: Workshop Overview

Task Steps

**Step 1:** Welcome participants to the workshop. Tell them it will suggest ways for SAPs to partner with law enforcement in a mutually beneficial fashion. Detail the workshop’s goals:

- To establish awareness of law enforcement and injecting drug user (IDU) perspectives and of how these perspectives can affect potential partnerships among SAPs, programs that work with IDUs, IDUs, and law enforcement.

- To strengthen IDUs’ and law enforcement’s understanding of syringe possession laws.

- To enhance the ability of SAP providers and their clients to discuss syringe access with law enforcement.

- To develop strategies for SAPs and their clients, as well as other programs working with IDUs, to effectively engage with law enforcement.

**Step 2:** Explain the goals of the training. (Refer to pages 3-6 of the Facilitator’s Guide for background or frame the training’s purpose in terms of the group’s unique needs and interests.)

**Step 3:** Note that the workshop will give participants with knowledge and skills that will help them improve relationships with law enforcement. The knowledge and skills are outlined in a set of achievement-based objectives (ABOs).

**Step 4:** Direct participants to page 4 of the PG. Read the ABOs aloud or invite a participant to read them. Ask participants if they have questions about them and/or need any clarification.
Achievement-Based Objectives

By the end of this workshop, you will have:

- Illustrated typical challenges syringe access communities and law enforcement personnel encounter in their interactions with each other.
- Explored the perspectives of law enforcement and the injecting drug user (IDU) community that drive conflicted or confrontational interactions with one another.
- Differentiated among the various local laws regulating syringe access services.
- Used data supporting the value of syringe access programs.
- Identified best practices that improve interactions between law enforcement and the syringe access community.
- Discovered existing strategies and demonstrated new ones for improving and/or building a working relationship between law enforcement and the syringe access community.

Step 5: Agenda review.

Training Tip

The agenda might be introduced this way: During the first part of the session, we’ll focus on building knowledge of SAP data, syringe access laws, and perceptions of IDUs and law enforcement. During the second part of the session, we will practice strategies for improving relationships and building alliances with law enforcement.

Step 6 (optional): Present working agreements. (These provide a framework for respectful interaction.)

Training Tip

When building working agreements or developing working agreements with participant input, encourage participants to be respectful of their peers’ points of view, to maintain confidentiality (personal stories stay “in the room”), and to remain nonconfrontational even if they disagree with a peer.
Task 3: Perspectives  60 minutes

Key Content

- Police and SAP providers and their clients have different perspectives on syringe access.

- Each perspective may be viewed as valid. The respective perspectives also can be stigmatizing: The police often view IDUs — and the agencies that serve them — negatively, and the same goes for IDUs’ take on the police.

- Differing perspectives emerge from different experiences and levels of understanding. For example, an IDU’s interaction with police may include unlawful arrest. A police officer may automatically view an IDU as a lawbreaker.

- These perspectives drive individual actions. Understanding these perspectives (and debunking the myths associated with them) is important to the relationship-building process.

Task Steps

<table>
<thead>
<tr>
<th>World Café Introduction</th>
<th>5 minutes</th>
</tr>
</thead>
</table>

Step 1: Welcome participants to the “World Café.” Instruct them to select the role of either an IDU or a police officer. Divide the participants into two groups of IDUs and two groups of police officers.

Step 2: Have the groups sit at their “café” tables. Distribute one sheet of newsprint and one marker to each group.

Step 3: Explain that as diners at the World Café, the participants will chat about police officers’ and IDUs’ perspectives on each other.

Training Tips

- The “World Café” can be turned into other venues/gatherings, such as a community meeting, people eating at McDonald’s, people chatting at an SAP, police discussing IDUs, or a roll call. If preferred, you can ask participants to name a place where a discussion on perspectives might take place.
The purpose of the task is to elicit people’s thoughts rather than have them debate pros and cons. Sometimes people have thoughts and ideas that are neither positive nor negative, but may be categorized as “interesting.” Such thoughts are often viewed as “outside the box” thinking, which can lead to a better understanding of and help define useful strategies for dealing with issues.

World Café Start

Step 4: Direct participants to pages 5–6 of the PG. Instruct the groups to do the following:

- Select one person from each group to assume the role of the café owner. This person will keep the conversation going among the “café guests.”

- Respond to questions from the point of view of the assumed roles. One group member should record the responses on newsprint. (Keep these lists posted; participants will refer to them in Task 5.)

**The IDUs discuss what they think of the police:**

- What do IDUs think of the police?

- What are their personal concerns about the police?

**The police discuss what they think of IDUs:**

- What do police think of IDUs?

- What are their professional and personal concerns about IDUs?

- What is the role of police when it comes to IDUs?

Tell participants they have ten minutes for this exercise.

**Training Tips**

- It might be helpful to provide the “café owner” with tips on how to keep the group conversation going, specifically by asking questions that encourage participants to add more details to their responses.
Some of the responses participants might offer regarding perspectives are:

The police on IDUs: Thieves, dangerous, will do anything to get drugs, liars, con artists, and the like.

IDUs on the police: Targeting drug users just to make their quotas, thugs, busting people over and over, scared of getting stuck by needles, applying force (drawing weapons), treating drug users the same as drug dealers, distrustful, and the like.

**World Café Second Part**

**Step 5:** Explain how the second round works:

- Participants switch groups: Those who were at the IDU table move to the police table, and those who were at the police table move to the IDU table.

- The café owners remain in their roles. Each shares the first group’s thoughts with the new group, so the police café leader summarizes the police’s thoughts about IDUs, and the IDU café leader summarizes IDUs’ thoughts about the police.

- The groups, in their new roles, respond to the following questions.

  *The police’s perspectives*
  
  How do police perspectives on IDUs affect how police behave when dealing with IDUs?

  The café owner may prompt discussion with any example, such as police officers arresting IDUs to “get them off the streets.”

  *IDUs’ perspectives*
  
  How do IDUs’ perspectives on the police affect how IDUs behave when they deal with the police?

  The café owner may prompt discussion with any example, such as IDUs’ discarding syringes in public places so the police don’t harass them.

**Training Tip**

Some of the responses participants might offer regarding the
differing perspectives are:

**Police tendencies when dealing with IDUs:**
Confiscate IDUs’ syringes to stop them from using or throwing them away in public places. Lock up IDUs so the streets are safer for everyone.

**IDU behavior when dealing with police:**
Don’t tell police before getting searched that they are carrying syringes. Don’t pick up as many syringes as needed at the SAP. Don’t go to the SAP if they think police are cruising around the program.

---

**World Café Debrief/Discussion**

**Step 6:** Invite each group to share the three main issues that came out of the discussion.

**Step 7:** Discussion prompts:

- *How do these different perspectives influence our relationship with the police?*

- *How do these perspectives make IDUs behave? Law enforcement? SAPs?*

---

**Training Tips**

- The goal is to have participants think about the negative impact these perspectives can have on any type of relationship building between SAPs and their clients and law enforcement.

- Participants might begin to think about what they can do at their programs, with and for their clients, and with law enforcement to improve the interaction among all parties.

- The discussion helps participants express the implications of these perspectives on their work and their relationship with law enforcement. Additional prompts might be necessary, such as:

  *How do these perspectives influence our work with the police?*
How do these perspectives affect our and law enforcement’s behavior?

What challenges do these perspectives present?

- Participants will inevitably raise issues that the training does not address. One critical topic is how law enforcement officers respond to race, ethnicity, gender, etc., in addition to syringe possession. Training participants have noted that these elements influence the way police view and treat syringe access clients. This is a valid point of discussion, but one that facilitators might choose not to pursue. One solution is to ask participants how they have negotiated these situations. Distributing an article or other source material on the topic would be helpful.

- Additionally, stereotypes or judgments may emerge from participants who are otherwise well intentioned. For example, participants have pointed to the way drug users dress, implying that a certain style of clothing suggests that people are likely drug users. These views may be valid but are not necessarily relevant to the training. Acknowledge such contributions with a reminder that they are good discussion points for a break or after the training, but are not directly connected to the course content.

**Step 8:** Affirm responses and fill in any information gaps. Direct participants to page 7 of the PG. Share with participants what does happen. Talk to participants about the kinds of things that can happen when IDUs fear law enforcement.
### Fear of the Law

When IDUs are afraid of the police, they:

- Tend to share needles 1.5 times more often.
- Tend to inject in a hurry, resulting in unhygienic injecting, damaged veins, failing to test the strength of the drug to avoid overdose, etc.
- Discard syringes unsafely
- Tend not to carry enough injecting equipment to meet their injecting needs.

### Other Challenges

This fear:

- Reduces the number of IDUs using SAPs.
- Displaces IDUs, making them difficult to reach.
- Means IDUs don’t take advantage of other health services.
- Means IDUs tend not to report overdoses.
Break 15 minutes
Task 4: Know the Facts 45 minutes

Key Content

- Because syringe access program perspectives differ so widely, and because they influence the quality of interactions with law enforcement, it is important to recognize them.

- Changing someone else's perspective requires real-world proof that syringe access does make a positive difference. Thus, consider: What do people need to know in order to begin to think differently, and consider another point of view? What data, information, stories, etc., can help clarify and demystify myths to ultimately build relationships?

Task Steps

| Play the Game | 25 minutes |

**Step 1:** Ask participants to think about what might help SAPs and IDUs change the perspectives of law enforcement. What information or tools do they need? Note that there are data, laws, and information about SAPs and injecting drug users that might help people to think differently and change their perspectives.

**Step 2:** Divide participants into small groups of three or four. Explain that they will test their knowledge about syringe access through a quiz called *Know the Facts*. Direct participants to page 8 of the PG.

**Step 3:** Explain the *Know the Facts* rules. Administer the quiz by reading each question aloud. After asking each question, have the groups discuss it and come up with an answer to share with the whole group. Give the desired answer and provide more information about it. (The answer sheet may be found on pages 23-25 of the Facilitator’s Guide.)

Training Option

- Make the game more interactive. For example, participants can hold up or post signs showing their answers (different colors for each team, with signs reading True, False, A, B, C, or D). They might ring a bell to signal their responses (the first group to ring gets to pitch the answer first; if the answer is not correct, then the other groups get to offer their
responses. Participants might write down their answers and then unveil them when called on (in Jeopardy!-like fashion).

- If there is enough time before you offer the correct response, ask participants to share the rationales behind their responses.

**Discussion**

<table>
<thead>
<tr>
<th><strong>Step 4:</strong> Discussion. <strong>Why is all of this information important?</strong></th>
</tr>
</thead>
</table>

Stress that key to developing relationships with law enforcement is meeting them “where they’re at,” meaning that the “facts” are useful only when they when they take into account law enforcement’s specific concerns, fears, and misconceptions.

**Step 5:** Ask. **How might laws be changed to help SAPs, IDUS, and law enforcement better work together, improving outcomes for everyone?**

**Training Tips**

Different jurisdictions have different syringe access laws. What is legal in one area may not be legal in another. Or similar laws may be implemented differently. For example, in one jurisdiction, SAPs may not be legal, but local law enforcement still might choose not to interfere with a SAP or its clients. Or it might be legal for IDUs to carry a used syringe with residue, but law enforcement officers either might not know or might ignore the law and arrest people carrying used syringes with residue.

It is important that participants be aware of these views and laws and respect the discordant perspectives that might be presented during the discussion. Turning potential debates into potential advocacy is one way to avoid confrontations. Have participants think about what they can do, as advocates, to find ways to inform or even change perspectives and/or laws.

**Training Option**

If participants are from New York (City or State), the facilitator might play the ten-minute podcast Syringes, Law, and Harm Reduction (http://www.nychiefs.org/apb_podcast.php).
| Lunch | 1 hour |
Task 5: Making the Case

Key Content

- As noted earlier, problems between law enforcement and the syringe access community emerge from differing perspectives, lack of understanding of each other’s roles and responsibilities, and unfamiliarity with data that negate myths and show success.

- Concise information and facts about the respective players’ roles in the world of syringe access can help reduce friction and improve relationships. And conveying this information in language that resonates with each party is important. For example, the police use the term “public safety” in questioning the value of syringe access. How might SAP providers illustrate that their services promote public safety?

- This kind of information can also frame an “educated” response to actual or potential conflict between law enforcement and the IDU community. Beginning a relationship by providing facts, demystifying myths, strengthening understanding of laws and rights, etc., can lead to improved interactions.

Task Steps

**Debate Setup**

5 minutes

**Step 1:** Explain to participants that they will now put their knowledge of syringe access and law enforcement into action as they stage a mock debate between SAPs and law enforcement representatives.

**Step 2:** Divide participants into two groups: SAP providers and law enforcement. Direct participants to pages 10–13 of the PG. Present the instructions as participants read them silently:
| Syringe Access Team Instructions | Choose three people to present arguments to the “police.”

The rest of the team develops arguments for syringe access. Pull from what you already know about law enforcement and SAP/IDU perspectives, facts, and data, and from your actual work experience.

Consider what a law enforcement officer might think or say about syringe access. Be strategic in trying to develop a relationship.

**REMEMBER:** When working with law enforcement, you should “meet them where they’re at” to get their support for syringe access programs that improve client outcomes. So think about:

- What concerns you expect police to have and what you might tell them to ease those concerns
- What facts and figures you may need to support your case and “enlighten” police
- How best to deliver the information and to prevent conflict
- What the best approach is for the best outcome

| Law Enforcement Team Instructions | Prepare a list of concerns, which you will present with the support of your “deputies.” There will be three different types of law enforcement representatives:

- A new police officer set on doing a good job and meeting his or her quota by following the law.
- A veteran police officer who has worked with IDUs for the bulk of his career and does not have a good opinion of them.
- A high-level law enforcement official who wants to improve relationships with SAPs and IDUs and is open to ideas and partnerships. This officer will advocate for partnership during the debate.
<table>
<thead>
<tr>
<th>Examples of Police Arguments</th>
<th></th>
</tr>
</thead>
</table>
| **New Police Officer**       | *If I catch someone with syringes, I’m going to lock him or her up, because you have to be using a syringe for it to be illegal. It’s a wake-up call: When I take their syringes, I’m stopping them from using. When I lock them up, I’m stopping them from using.*  
*Every junkie I get off the streets means I’m maintaining public safety — and meeting my quota.*  
*There will be more needles thrown out in the parks. What if a kid steps on a dirty needle?*  
*The community won’t be safe because syringe access programs will attract other drug users, and more people will be selling drugs around schools and near playgrounds.* |
| **Veteran Police Officer**   | *Cops are around to enforce the law and get drugs and drug users off the streets. We are not here to refer them to drug treatment; that’s not our job. Why should I waste my time on those kinds of people?*  
*We see the same faces again and again. Drug treatment doesn’t work. They just go to detox to hide from their dealers or us. I’ve got more important crimes to handle than always dealing with small-time drug users.*  
*My brother has a business and a home in this area, and the property values will go down because those people will be hanging around the syringe access program. There’s already a methadone program, and there’s people hanging out, nodding out. What’s going to happen when the syringe access program starts? Nobody will come to his place of business; other business people will be too scared to visit the neighborhood or to set up shop there because drug dealers are also here, threatening their livelihoods.* |
| **High-level Official**       | *We spend a lot of time and resources dealing with the same people with drug problems. Arresting small time drug users is a waste of time. Whatever we are doing isn’t stopping the drug problem. We need to look for other solutions.*  
*Public Safety is the number one priority for my colleagues, the general community, and even drug users.*  
*If we work with other community programs perhaps we can in the long term reduce drug problems in our community.* |
<table>
<thead>
<tr>
<th>General Concern about Colleagues</th>
</tr>
</thead>
<tbody>
<tr>
<td>More needles in my neighborhood mean more needle-stick injuries to my fellow cops. When a cop is stuck with a needle, he or she can get a disease and possibly give it to the family. They have to take time off, go on meds. It's not good for morale. Drug users spread disease; just by touching them, a cop could get something. Someone I knew in school died of HIV from injecting drugs, so you really want people to get help. But syringe access programs just encourage drug use. These drug users, they need to get off drugs completely. More syringes are not the answer. They should just be sent to drug treatment (and not methadone!).</td>
</tr>
</tbody>
</table>
**Debate Prep**

**Step 3:** Point participants to the list of perspectives they drew up in Task 1, as well as to the series of facts on pages 14–20 of the PG. All of this background will supply the data and information the syringe access team needs to make its case.

**Step 4:** Have participants begin their case research. Direct them to pages 22-22 the PG, where they will find charts for documenting the information supporting their arguments. (Additional information that may be distributed if desired can be found on pages 28 -36 of the FG.) Rotate among groups to help participants find relevant information, form arguments, etc.

**Training Tips**

- Because much of the data focus on the SAP/IDU angle, tell participants assuming law enforcement roles to allow the SAP team to present its arguments and then push it to clarify its points — and to do so in a nonconfrontational way that encourages discussion.

- Point out that, in the debate, the high-level official will take a positive stance as he or she looks for ways to improve relationships between SAPs and their clients and law enforcement. However, the new police officers will focus more on the challenges he or she experiences or anticipates experiencing with IDUs and injecting drug use. Underscore that participants are likely to encourage these officers in their actual jobs, — on the street, in roll call, etc.

- Point out that while participants might never have to participate in a real debate, the mock debate prepares them to discuss the issue of SAP/law enforcement relationships (or even just the value of SAPs in the community) in an informed way. There are many times when participants will find themselves in situations — at a rally, in a press interview, at a community board or PTA meeting — where they will have to knowledgeably and confidently articulate their stance.

**Training Option**

Participants may seek additional information to bolster their arguments. Distribute the fact sheets found in the appendix of the Facilitator’s Guide.
The Debate 20 minutes

Step 5: Set up three chairs per team, for example with SAP providers and law enforcement facing each other. Remind the debaters that while they may have different points of view, their goal is to figure out ways to work together effectively so it is important that they remain nonconfrontational, listening and responding to each other carefully and thoughtfully.

Training Tips

- Keen moderation will be critical during the debate. Participants tend to become tense and sometimes confrontational in their assumed roles — prevailing attitudes toward police on the part of syringe access providers and/or IDUs tend to emerge. It will be necessary at points to remind participants that the task is a role-playing exercise and that the goal is to work toward a mutually beneficial partnership. Point out that the purpose of the role play is to show them what such cooperation might look like.

- There will also be times when participants need guidance in responding to the law enforcement representatives. If necessary, pause the role play to rephrase questions or statements, point out data and other information that can be used for rebuttals, etc.

- Be sure to tell presenters that they can call on their nonpresenting team members to assist them with information, data, rebuttals, etc.

Debrief 15 minutes

Step 6: Invite participants to debrief. Ask: What kind of experience did you have in your assumed roles?

To elicit deeper discussion, pose these probing questions, if desired:

- How realistic was the debate in terms of the work you do and your experiences/relationship with law enforcement?
• Based on the role play, what do you view as the best way to build better relationships with law enforcement?

Training Options

Here are several ways to make the post-debate debriefing and discussion more interactive. Participants might:

- Report back on the forum through a news broadcast: As reporters, they make determinations about future relations between the two groups based on the arguments presented.

- Report back by way of a news analysis, with a stance on both parties’ respective arguments.

- Write down outstanding questions and offer responses and strategies to make the cases/arguments stronger.

- Take a vote based on the arguments: Should police work more closely with SAPs/workers/clients? Why or why not?
Task 6: Working Models 30 minutes

Task Steps

**Step 1:** Emphasize the importance of working relationships between law enforcement and SAPs. Describe programs in the community/region that have improved interactions with law enforcement. Draw on what participants noted in Tasks 4 and 5 about their programs’ work with law enforcement.

**Step 2:** Tell participants they will view video clips showing two model programs that present some strategies and approaches they might consider when thinking about ways to better relationships with law enforcement.

**Step 3:** Direct them to pages 23 of the PG, where they will find video questions to guide their viewing. Have them read the questions to prepare for the video content. On page 24 is a chart where they can write responses to the questions.

<table>
<thead>
<tr>
<th>Video Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>● What are the police officers’ preconceptions and concerns about syringe access?</td>
</tr>
<tr>
<td>● What helped to change police preconceptions and increase their understanding of syringe access?</td>
</tr>
<tr>
<td>● How did the syringe access program/community approach bring about these changes?</td>
</tr>
</tbody>
</table>

**Step 4:** Show the designated clips from each video segment, *Law Enforcement and Harm Reduction Training* and *The Risks of the Job: Protecting Law Enforcement from Needle Stick Injuries*. (Each video is approximately 6 mins long)

**Step 5:** Have the group analyze what is at the core of solid relationships between law enforcement and the syringe access community. Invite participants to reflect on their programs:

- Do these kinds of or other relationship-building strategies exist at your program? If so, describe them.

- If not, what can you do in your community to put in place these or similar strategies?
Step 6: Share with participants examples of positive relationships between SAPs and law enforcement:

- A memorandum of understanding between a SAP and local law enforcement.
- A SAP regularly providing training to local law enforcement on SAPs and related topics.
- Having a documented agreement that local law enforcement will not needlessly disrupt a SAP’s provision of services (unnecessary sweeps, surveillance of the SAP) and that the SAP will notify local law enforcement of any changes in location and hours of service.
- A SAP working closely with law enforcement to choose a service location.
<table>
<thead>
<tr>
<th>Break</th>
<th>15 minutes</th>
</tr>
</thead>
</table>
Task 7: Putting it to Work 60 minutes

Key Content

- Participants apply their knowledge and skills to real-world situations between the syringe access and law enforcement communities.

- It is critical here that participants move away from their negative experiences with syringe access/law enforcement interactions. Essentially, they must avoid falling into familiar patterns and instead shift into strategic partnering.

- The practice here may seem unrealistic to participants; in real-life situations, the new knowledge and skills may not be applicable, especially where confrontational attitudes are prevalent. The goal is for participants to consider and modify approaches that they might adapt to their syringe access activities.

Task Steps

Solution Prep 15 minutes

Step 1: Divide participants into four small groups of three to five members. Direct participants to the scenarios on page 25 of the PG. Assign each group a different scenario. Distribute one sheet of newsprint and a marker to each group.

Step 2: Instruct groups to read their scenarios and find solutions to them, using what they have learned and drawing on their professional experience. Direct participants to page 26 of their PG; ask them to read the guiding questions and use the chart to document their solutions.

<table>
<thead>
<tr>
<th>Scenario Questions</th>
<th>Prevention</th>
<th>Response</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What strategies might you/the program/the client use to prevent this scenario?</td>
<td>How might you/the program/the client respond to this scenario to reach a positive outcome?</td>
<td>How will you/the program/the client know if the strategies have an impact? How can you monitor and document positive/negative events?</td>
</tr>
</tbody>
</table>
Presenting Solutions  
25 minutes

Step 3: Invite each team to present its scenario. After each presentation, allow the rest of the group to share ideas about the situation. Then the representative group presents its strategies, followed by a brief whole-group discussion. Repeat this process for each group.

Training Options

- Groups might act out scenarios, and freezing the action at certain points of conflict or potential conflict. The larger group responds by offering strategies for avoiding conflict. After the scenario is finished, the presenting group details what it proposed, affirming similar ideas from the larger group.

- The groups might act out scenarios that end in conflict. The group stops at the point of conflict to ask the larger group for solutions. The presenting group then reenacts the segment using a positive strategy. After the scenario is finished, the presenting group details what it proposed, affirming similar ideas from the larger group.

Debriefing and discussion  
20 minutes

Step 4: Have the group consider commonalities across the strategies. Ask participants to name three to five strategies that are most important in establishing positive relationships with law enforcement. The group can either circle these strategies on the newsprint or write them up separately.

Step 5: Ask: Are you doing something similar in your program? If so, what unique initiatives has your program put in place?

Training Tip

Offer ideas if participants need some prompting. For example:

- Sharing case studies of successful syringe access programs and law enforcement successful SAP/law enforcement partnerships?
- Institutionalizing harm reduction trainings for law enforcement.
• Providing venues for drug users and the community to discuss alternatives for addressing drug use issues in the community.
• Advocating for legislation regarding drug paraphernalia use and possession in your jurisdiction.
• Increasing options for law enforcement when dealing with drug users — for example, more and varied drug treatment options rather than incarceration.
• Revisiting police performance measures (quotas, etc.).
Task 8: Closing 10 minutes

**Step 1:** Give participants a few minutes to think back on what they have learned, especially about what SAPs can do to improve relationships with law enforcement.

**Step 2:** Ask: *What will you do back at your program to help you, your clients, and law enforcement form positive working relationships?*
# Appendix III: Know the Facts Quiz and Answer Sheet

<table>
<thead>
<tr>
<th>Know the Facts Quiz</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td><strong>True or False?</strong> SAPs lead to increased community crime rates and drug use.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>How many people in the US are <em>newly</em> infected each year with HIV and HCV owing to syringe and equipment sharing?</td>
</tr>
<tr>
<td></td>
<td><strong>A.</strong> 10,000 HIV &amp; 5,000 HCV</td>
</tr>
<tr>
<td></td>
<td><strong>B.</strong> 8,000 HIV &amp; 15,000 HCV</td>
</tr>
<tr>
<td></td>
<td><strong>C.</strong> 1,000 HIV &amp; 3,000 HCV</td>
</tr>
<tr>
<td></td>
<td><strong>D.</strong> 4,000 HIV &amp; 9,000 HCV</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td><strong>True or False?</strong> Possession of sterile syringes is legal.</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td><strong>True or False?</strong> Possession of used syringes with residue is legal.</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>The number of syringes that someone may legally carry at any time is:</td>
</tr>
<tr>
<td></td>
<td><strong>A.</strong> 0</td>
</tr>
<tr>
<td></td>
<td><strong>B.</strong> 10</td>
</tr>
<tr>
<td></td>
<td><strong>C.</strong> 100</td>
</tr>
<tr>
<td></td>
<td><strong>D.</strong> No limit</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td><strong>True or False?</strong> It is legal to carry other injecting drug equipment and other drug paraphernalia.</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td><strong>True or False?</strong> Anyone over the age of 18 can purchase syringes at a pharmacy without a prescription.</td>
</tr>
<tr>
<td><strong>8</strong></td>
<td><strong>True or False?</strong> There is a difference in the legalities of drug paraphernalia/syringe possession between your City, County and State.</td>
</tr>
<tr>
<td><strong>9</strong></td>
<td><strong>True or False?</strong> SAPs lead to an increase in the number of syringes discarded in public places.</td>
</tr>
<tr>
<td><strong>10</strong></td>
<td>What percent of police officers have had a needle-stick injury?</td>
</tr>
<tr>
<td></td>
<td><strong>A.</strong> 80%</td>
</tr>
<tr>
<td></td>
<td><strong>B.</strong> 10%</td>
</tr>
<tr>
<td></td>
<td><strong>C.</strong> 30%</td>
</tr>
<tr>
<td></td>
<td><strong>D.</strong> 60%</td>
</tr>
<tr>
<td><strong>11</strong></td>
<td><strong>True or False?</strong> There is a mechanism in place for SAPs and their clients to report negative interactions with law enforcement.</td>
</tr>
</tbody>
</table>
**Know the Facts: Answer Sheet (based on legislation in NYS July 2010)**

<table>
<thead>
<tr>
<th>Q1: True or False? SAPs lead to increased community crime rates and drug use.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A:</strong> FALSE</td>
</tr>
<tr>
<td>Additional note: No increase in # of new injectors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q2: How many people in the US are newly infected each year with HIV and HCV owing to syringe and equipment sharing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 10,000 HIV &amp; 5,000 HCV</td>
</tr>
<tr>
<td>B. 8,000 HIV &amp; 15,000 HCV</td>
</tr>
<tr>
<td>C. 1,000 HIV &amp; 3,000 HCV</td>
</tr>
<tr>
<td>D. 4,000 HIV &amp; 9,000 HCV</td>
</tr>
<tr>
<td><strong>A:</strong> B</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3: True or False? Possession of sterile syringes is legal.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A:</strong> TRUE</td>
</tr>
<tr>
<td>Additional note: Law enforcement is often unaware of syringe possession laws.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q4: True or False? Possession of used syringes with residue is legal.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A:</strong> TRUE</td>
</tr>
<tr>
<td>Possession of sterile and used syringes is legal if from SAP/ESAP/OOPP (NY State as of July 2010)</td>
</tr>
<tr>
<td>Additional note: Many SAPs provide SAP ID cards to their members. ESAP providers do not provide ID cards. SAP cards confirm program affiliation:</td>
</tr>
<tr>
<td>Participants receive different coded ID cards; codes are variations of numbers and letters.</td>
</tr>
<tr>
<td>A 24-hour verification phone number is on the back of the ID card.</td>
</tr>
<tr>
<td>Programs are anonymous and confidential.</td>
</tr>
</tbody>
</table>
Q5: The number of syringes that someone can carry at any time is:

A. 0  
B. 10  
C. 100  
D. No limit  

A: D

Q6: True or False? It is legal to carry other injecting drug equipment and other drug paraphernalia.

A: FALSE

*It is NOT legal to carry other drug paraphernalia with residue.*

Additional note: NYPD Operations Order #19: (as of July 2010)

- An arrest should not be made if the only charge is criminal possession of a hypodermic instrument.  
- An arrest should not be made for residue in a used syringe.

Q7: True or False? Anyone over the age of 18 can purchase syringes at pharmacies without a prescription.

A: TRUE

Additional note: Individuals over 18 can buy up to 10 syringes from an ESAP pharmacy or provider (as of July 2010).

Q8: True or False? There is a difference in the legalities of drug paraphernalia/syringe possession in New York City and New York State.

A: FALSE

Additional note: There is no limit on the geographical location in New York City or state. Injectors can possess syringes in areas where there is no SAP if a SAP/ESAP member.

Q9: True or False? SAPS increase syringes to be discarded in public places.

A: FALSE

Additional note: Fewer discarded syringes: Studies have shown an 82% return rate of used syringes to SAPs.
### Q10: What percent of police officers have had a needle stick injury?

- A. 80%
- B. 10%
- C. 30%
- D. 60%

A: C

### Q11: True or False? There is a mechanism in place for SAPs and their clients to report negative interactions with law enforcement.

A: TRUE

*In New York State, there is the New York State Department of Health Incident Form.*

(See Appendix IV for a form template. It might be to distribute this to participants, but remind them to find the forms that are for their particular jurisdictions.)
Appendix IV: Sample Incident Report Form

After giving the answer to Question 11 of the quiz, it might be useful for participants to see a sample of an incident form from the appropriate jurisdiction. Below is one type of template.
NEW YORK STATE DEPARTMENT OF HEALTH/AIDS INSTITUTE
LAW ENFORCEMENT INCIDENT REPORT

Complete this form within 24 hours. Provide as much information as possible. Fax the form to the Harm Reduction Unit (HRU) at 212-417-4709. Any questions call HRU at 212-417-4770.

Syringe Exchange Program Name: ________________________________
Contact Person: ________________________________ Phone#: ________________________________

INCIDENT DETAILS:
Date of Incident: ________________ Time of Incident: ________________
Participant Gender: __________________________ Race/Ethnicity: __________________________ Age: __________

Location of Incident (Give nearest street intersection if possible):
________________________________________________________

Type of Incident:
Increased police presence of SEP [ ] Increased police presence of clients to/from SEP [ ]
Stopped/Questioned [ ] Confiscated Syringes [ ]
Arrest [ ] Confiscated SEP ID Card [ ]
Other: ________________________________

Number of law enforcement officers involved: __________

IF NYC: NYPD [ ] NYCHA [ ] MTA [ ] Narcotics [ ] Other: ________________________________
If not NYC, type of police (State/County/Local Police, Sheriff): ________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Badge No.</th>
<th>Precinct /Stationhouse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Incident:
________________________________________________________
________________________________________________________
________________________________________________________

Charge: Syringe possession [ ] Paraphernalia [ ] Residue [ ] Other: ________________________________
Docket Number: ________________________________ Date of Appearance: ________________________________
Lawyer’s Name: ________________________________ Lawyer’s Phone #: ________________________________

Print Name/Title of Person Preparing Report: ____________________________________________
Signature of Person Preparing Report: ____________________________________________ Date: ______
Appendix V: Additional Debate Data

Participants can review the following documents if they want additional background to support their debate arguments.
Syringe Exchange Programs: research shows they do not increase crime rates

Syringe exchange programs (SEPs) are a vital public health intervention to prevent the spread of HIV, hepatitis and other blood-borne illness by supplying sterile syringes and injection equipment. Some residents and community stakeholders are concerned about a SEP operating in their neighborhood and fear increases in crime. There is no evidence to show that SEPs increase crime rates in a community. In fact, many empirically based studies show a reduction in crime and unsafe behaviors among injection drug users (IDUs) who participate in SEPs. Yet, many people continue to voice misconceptions about IDUs and the role of syringe exchange programs in their community. Residents express concerns that SEPs implicitly condone or promote drug use, encouraging more IDUs to come into the neighborhood, and lead to increases in crime.

Research shows that SEPs benefit the health and safety of a community. Most SEPs offer comprehensive social services including mental health treatment, case management, group counseling, food programs, and referrals to medical and addiction treatment.

- There is no evidence to show that SEPs encourage drug use or cause an IDU to increase their drug use.

- In general, IDUs are not likely to travel long distances to a SEP. A New York City study found that IDUs were much more likely to use an exchange if they lived within walking distance and could easily access services. Most syringe exchange participants already live in the neighborhood.

- Studies in Baltimore have shown that a relatively small percentage of SEP users (approximately 8%) form new social contacts through participating in a SEP.

- In comparing crime rates of areas close to SEPs and areas further away from SEPs, the research demonstrates that there are no significant differences in arrest rates over time between both areas. In Baltimore, break-ins and burglaries (economically-motivated crimes often related to drug use) actually fell by 11% in areas with SEPs, but increased by 8% in non-SEP exchange areas.
Based on the favorable research that shows no increases in crime rates and the positive community benefits of SEP's, key government officials, health departments, medical associations and community organizations publicly endorse and support SEPs.

"I want to call to the attention of my colleagues some of the organizations that support the needle [syringe] exchange programs. The American Medical Association, the American Public Health Association, the National Academy of Sciences, the American Nurses Association, the American Academy of Pediatrics, the U.S. Conference of Mayors, the American Bar Association. Why would the U.S. Conference of Mayors support the needle exchange program if they thought it would increase crime, as our colleagues have contended?"

Nancy Pelosi (D-CA)

On the floor of the United States House of Representatives

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Syringe Exchange Programs: reducing the risks of needlestick injuries

One commonly voiced community concern with regard to a syringe exchange program (SEP) is the fear of a “needlestick injury” resulting from improperly discarded syringes in parks, gutters, or garbage bags. SEPs provide sterile syringes to reduce the spread of HIV, hepatitis and other blood borne illnesses and link injection drug users (IDUs) to health promotion services such as medical and mental health treatment. SEPs actively encourage and educate clients about safe disposal in order to lessen the number of improperly discarded syringes. In addition, SEPs supply puncture-proof “sharps” containers and information on safe disposal to used syringes to every client who utilizes the program.

The Coalition for Safe Needle Disposal lists syringe exchange programs as a viable option for safe disposal.¹

Risk of Infection

The risk of becoming infected with a blood borne virus through a needlestick is extremely low. A recent review analyzing studies of HIV transmission risk through needlestick injuries among health care workers estimated the risk of infection to be less than 1 in 400 (0.23%)². In the majority of studies reviewed, no cases of transmission were documented following needlestick injuries. Risk of infection from needlesticks in community settings (outside health care facilities) appears to be negligible. Studies of community needlestick injuries (primarily among children) in England³, Ireland³, Spain³, Italy³, Australia³, and South Africa³ found no cases resulting in infection.

The reasons for a relatively low risk of infection include:

- Not all used needles carry a virus.
- While HIV and other blood borne diseases can survive outside the body in a used needle, these viruses are very fragile, and will often die if subject to external environmental conditions, such as air or water.
- Most needlestick injuries are superficial and carry far less risk of virus transmission than intravenous drug use, where needles directly enter veins.

Syringe exchange programs: improving the safety of their community

There is a particular need for safe disposal methods for IDUs, who might be apprehensive to carry syringes (especially used ones) because of their fear of law enforcement.⁴ Paraphernalia laws discourage IDUs from carrying or properly disposing of syringes.⁵ Yet, research demonstrates that the presence of a SEP results in fewer used syringes improperly discarded.⁶

- SEPs provide a safe and accessible method for IDUs and others to dispose of used syringes. Similar to hospitals and other healthcare settings, used syringes are collected in special puncture-proof “sharps” containers. These containers are picked up and safely disposed of.
disposed of according to special procedures designated for hazardous waste.

- The vast majority of syringes distributed by SEPs are returned. In many states, including New York, syringe exchange policies actively encourage participants to return as many used syringes as possible.12

- In New York State, all syringe exchange staff receive training by the State Health Department that outlines precautions to avoid a needle stick injury, appropriate safe disposal methods, and procedures to clean an accidental blood spill. Most SEPs offer safe disposal as a community resource and are called upon to retrieve used syringes in public spaces.

## Nation-wide successes

Research collected from states across the nation shows that the presence of a syringe exchange program does not result in an increase in discarded syringes in public.

- In Baltimore, after an SEP was implemented, the number of inappropriately discarded syringes decreased by almost 50%.13

- In Portland, the number of discarded syringes decreased by almost two-thirds after the SEP opened.14

- In 1992, Connecticut repealed a law forbidding the sale of syringes without a prescription. As a result, reports show a reduction in needle sharing by 50 percent and a decrease in HIV infections by over 30 percent. In addition, law enforcement officials experienced two-thirds fewer needle stick injuries.15

- In San Francisco, approximately 3.5 million syringes were recovered and safely disposed of in 2000. These included approximately 2 million syringes recovered at SEPs.16

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Syringe Exchange Programs and HIV Prevention in New York City

Injection Drug Use and HIV

Injection drug users (IDUs) are at risk of HIV and other blood-borne viruses through sharing contaminated syringes, other injection equipment, drug solutions, or through unprotected sex. According to the NYC DOHMH, approximately 100,000 - 200,000 IDUs live in New York City - more than any other city in the United States. Syringe exchange programs were established in New York in the early 1990s to prevent HIV transmission by distributing sterile syringes and injection equipment. Research demonstrates that syringe exchange programs effectively reduced HIV infection rates in New York City; however, considerable gaps in syringe access persist especially in communities of color. As of 2005, over 22,000 IDUs in New York are living with HIV/AIDS. African Americans and Latinos account for nearly 90% of new HIV diagnoses among IDUs in New York City. Further, HIV-positive injection drug users die at almost twice the death rate of all people living with HIV in New York.

Centers for Disease Control and Prevention Recommendations

The CDC suggests reducing infection rates among IDUs by using a comprehensive approach including increasing access to sterile syringes and addressing high-risk sexual behavior. According to the CDC, IDUs who continue to inject can substantially reduce their risks of acquiring HIV and other blood-borne infections by using a new sterile syringe for every drug injection.

Syringe Exchange Programs: an effective public health intervention

In 2004, the World Health Organization reviewed more than 200 published studies of syringe exchange programs and concluded that scientific data “present a compelling case that needle and syringe programs substantially and cost effectively reduce the spread of HIV among injection drug users and do so without evidence of exacerbating injection drug use at either individual or societal levels.”

Reductions in incidence and prevalence:

- Numerous studies throughout the world, including several federally funded studies in the U.S., have concluded that SEPs reduce the transmission of HIV.
- In New York City, the expansion of syringe exchange in the 1990s was associated with dramatic declines in HIV infection between 1990 and 2001, with HIV prevalence among IDUs dropping from 54% to 13%.

Changes in risk behavior/syringe sharing:

- A National Institute of Health report concluded that studies on SEPs “show a reduction in risk behaviors as high as 80% in injection drug users, with estimates of a 30 percent or greater reduction in HIV.”
- This research confirms findings from several New York City studies demonstrating that IDUs enrolled in syringe exchange programs decreased high-risk injection behavior (using contaminated syringes or sharing other injection equipment such as cookers, cottons, or water) by more than 50%.
“Syringe exchange programs play a unique role in facilitating engagement of [IDUs] in meaningful prevention interventions and treatment opportunities when implemented as part of a comprehensive HIV prevention and substance abuse strategy.”

—U.S. Department of Health and Human Services

Cost-Effectiveness:

- Research demonstrates that SEPs are a cost-effective method of HIV prevention, particularly in areas with high HIV prevalence, such as New York City.
- Data from New York State shows that each HIV infection prevented by an SEP saves over $20,000 in health-care costs.

No negative effects:

- SEPs do not lead to increased drug use, encourage drug users to start injecting, or result in greater crime.
- SEPs reduce injection-related diseases and improve access to drug treatment through referrals to detoxification, rehabilitation and methadone maintenance treatment.

Other services/referrals:

- Syringe exchange programs also offer comprehensive, on-site services including HIV testing, case management, medical care, mental health counseling, support groups, and food programs.
- SEPs are a “bridge to treatment” that successfully connects IDUs to medical care and drug treatment through referrals, escorting, and ongoing coordination with hospitals and clinics.

At present, there are 12 New York State-regulated syringe exchange programs located in 4 boroughs throughout New York City, exchanging 3 million syringes each year. Both New York City and State Departments of Health recommend increasing access to sterile syringes through expanding syringe exchange and harm reduction programs. However, significant gaps in access persist especially in areas with many IDUs living with HIV/AIDS in communities of color.
Syringe Exchange Programs and Hepatitis C

What is hepatitis C?

The hepatitis C virus (HCV) is the most common chronic blood-borne infection in the U.S. Infection with HCV can lead to severe liver disease, potentially resulting in cirrhosis, liver cancer, and end-stage liver disease. HCV is the leading cause of liver transplants in the U.S. and a leading cause of mortality among people living with HIV. Approximately 8,000 to 10,000 people die each year in the U.S. due to liver disease caused by hepatitis C, and hepatitis C-related liver disease is now a leading cause of mortality in people with HIV.

Transmission

The great majority of HCV infections are found among people with a history of drug injection, including people who have been incarcerated. HCV is easily transmitted among drug injectors by sharing syringes or other injection paraphernalia (such as cookers, filters). Hepatitis C is easier to transmit through shared injection equipment than HIV, and HCV is usually the first blood borne virus IDUs acquire. As a result, as many as 50-90% of IDUs have been infected with HCV. Unlike some other forms of viral hepatitis, there is no vaccine to prevent HCV.

According to global estimates from the World Health Organization, approximately 170 million people live with hepatitis C. In the United States, roughly 4 million people have been infected with hepatitis C.

Syringe exchange programs and hepatitis C prevention

SEP provide drug injectors with sterile syringes and other equipment (“cookers”, filters, sterile water, alcohol swabs) to reduce the risks of sharing injection equipment. A large body of research demonstrates that SEP participants are less likely to engage in high-risk injection behavior that can transmit HIV. These changes in behavior can also reduce the risk of HCV transmission among IDUs who use SEPs. SEPs also educate IDUs about HCV risks and prevention and link drug injectors to HCV screening, diagnosis, and treatment, including vaccination for other forms of hepatitis. Research on the effectiveness of SEPs in reducing hepatitis C transmission among drug injectors has produced mixed results. However, surveys across several countries indicate that areas with greater syringe access through SEPs have lower rates of hepatitis C among IDUs. A long-range study of drug injectors in New York City found a significant decline in HCV rates from 1990 to 2001, corresponding to a dramatic expansion in syringes distributed by SEPs during this period.

Hepatitis C in the U.S.: high prevalence populations

Current/former IDUs: 50-90%

Injection drug use is the most common route of transmission accounting for
60% of all new infections, HCV infection rates in IDUs range from 50% to 90%.10

**Homeless:** >40%
There is limited data revealing the HCV prevalence among homeless individuals. One study collected from homeless veterans in a VA shelter from 199-2000 found a prevalence rate of 41.7%.11

**Prisoners:** 30-40%
Of the 1.8 million people incarcerated in the U.S., 30-40% are infected with HCV.12 A 1994 study of 4,513 inmates in California revealed that 39.4% of the men and 53.5% of the women had HCV.13

**HIV+ people:** 25-30%
Approximately one third of all HIV-infected people in the US are co-infected with HCV.14 Since HIV and HCV share similar transmission routes, co-infection is common particularly among injection drug users.

**Veterans:** 6.6 - 17.7%
In 1999, research from the Veteran’s Health Administration (VHA) found that 6.6% of participants had HCV.15 Another study in San Francisco’s Veteran’s Affairs Medical Center estimated HCV prevalence at 17.7%.16

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**Centers for Disease Control and Prevention Recommendations**

CDC’s National Hepatitis C Prevention Strategy recognizes that HCV is both a preventable and a treatable disease. CDC recommendations for IDUs include education, testing and medical referral for treatment, vaccination for hepatitis A and hepatitis B, using sterile syringes only once, and referral to syringe exchange and other harm reduction programs.17

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Appendix VI: Resources

Harm Reduction Coalition: Working with Law Enforcement
http://www.harmreduction.org/article.php?id=658

Policing for Healthy Communities
http://www.policingforhealth.org/

Temple University of the Commonwealth System of Higher Education Beasley School of Law
Provides information of legalities regarding drug paraphernalia, SAP, etc for each jurisdiction
http://www.temple.edu/lawschool/aidspolicy/
http://www.temple.edu/lawschool/phrhcs/otc.htm

American Civil Liberties Union
www.aclu.org/

Drug Policy Alliance
www.drugpolicy.org

Know Your Rights
http://www.flexyourrights.org/

Law Enforcement Against Prohibition (LEAP)
www.leap.cc

Midnight Special
www.midnightspecial.net

Triangle Points North Carolina:
Harm Reduction Resources for Law Enforcement
http://trianglepoints.weebly.com/---for-law-enforcement.html

New York State Association of Chiefs of Police, Inc.
Podcast: Syringes, Law and Harm Reduction
http://www.nychiefs.org/apb_podcast.php

Risks of the Job: Protecting Law Enforcement from Needle Stick Injury Part 1
http://www.youtube.com/watch?v=qNY45ZM4Gwl
Roll Call Training Part 1 & 2
http://www.youtube.com/watch?v=oOifbh1woek
http://www.youtube.com/watch?v=pzfzrgAeMW0